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ABSTRACT

This book is intended for use by local committees who are planning and organizing day care and education programs for infants and young children. Descriptions are given of various types of programs that are already in operation: 32 in the United States and three in other countries. Some of these programs are comprehensive but highlight educational skills; some are primarily concerned with education, either at home or in learning centers and some provide day care. Other programs provide services for the mentally retarded or others with special needs. Each program summary is followed by four sections: (1) objectives; (2) program descriptions; (3) effectiveness; and (4) replication. Further information may be obtained by writing to individual program directors; addresses are included. A bibliography gives other sources of information on early childhoood programs and includes film suggestions. (NH)

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Programs for Infants and Young Children

Part I: Education and Day Care

Child Development Staff

APPALACHIAN REGIONAL COMMISSION
1666 Connecticut Avenue, N. W.
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Even as a delicate plant needs water, sunshine, and care to grow and flower, so does a child need nurturance to develop his optimal potential. As a child grows, he develops socially, emotionally, intellectually, and physically. Child development services are designed to nurture the child's growth in each of these areas, so that he will be able to achieve his maximum potential as an individual.

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FOREWORD

This booklet is one of several publications being prepared for use by local committees responsible for planning, organizing, and carrying out programs for infants and young children in the Appalachian Region. It is a collection of descriptions of various types of programs that are in operation, seem to be effective, and contain elements that can be used easily in many communities. These examples are a way of quickly informing people, who are not professionally involved in the field of child development, about some of the different ways in which services are being provided. Hopefully, these descriptions will help local committees design programs for their own communities.

Perhaps some of the ideas or techniques described in these projects will be useful; possibly they will inspire new ideas to fit the needs, resources, and interests of a particular community.

This collection of examples is not complete - nor does it imply that these are the only types of programs that are worthwhile. More detailed information about each of these programs is available to state and local planning committees wishing to learn more about them. As we develop or find new examples, we will send them along.

The reader should also be aware that programs continually change - and that some of these examples may already be "out of date" in terms of what is happening today in these programs.

We are interested in hearing from you, and welcome suggestions as to how we can make this material more useful to committee members and social planners.

The material upon which this booklet is based was obtained from the projects, from journal articles, and in several instances from visits. The descriptions were gathered, edited and written by Naomi Silverstone of the Child Development Staff at the Appalachian Regional Commission.

Irving Lazar, Ph.D.
Director, Child Development

INTRODUCTION

To many people day care has become synonymous with Child Development. This is the area of a Child Development Program where the need is most obvious.

If women work - and about 40 per cent of women in America do - more than 75 per cent of these mothers with children - what arrangements can be made for their children?

Day care can be an important vehicle for child development services. When we speak of a comprehensive child development program, however, we refer to the four basic areas of need for all infants and young children: education, nutrition, health, and social services.

As a member of the interagency committee, you have the responsibility of defining the full range of comprehensive services which should be included in a child development program. This is an important task which will draw on the skills of each member of the committee.

Some of these services are already available to the children of your community. After you have defined a complete program and recognized which existing services might be coordinated as a part of the total plan, it will be necessary to determine priorities for operating new programs.

These priorities will depend, of course, on the needs of your area, and on the particular competence of the available staff.

The choice of an initial single component should be greatly dependent on the strength of the local professionals. For example, if there is a particular public health nurse in the area who has experience in conducting public immunization programs, then it makes sense to begin with an immunization program.

In relation to additional staffing, four questions must be considered:

(1) What professionals are available?
(2) What kind of aides are needed: retrained college graduates, people from the target community? (Aides have been used in the following categories: social work assistant, community health aides, family health aides, nurse aides, nutrition aides, clerical workers.)
(3) What materials do you need for these additional people?
(4) What facilities are available for their training?

Answering these questions and enumerating other resources in your community are basic to the planning process.

This booklet contains descriptions of outstanding operational education, nutrition, and health programs for infants and young children. We hope the material will help direct you in the crucial tasks of planning for comprehensive services and of implementing them. Do not hesitate to ask for help from people who know what has worked in other communities and recognize the importance of adapting successful programs to the specific needs and situations in your community.

The success of any future program will depend on the planning you now begin.

PART I: EDUCATION AND DAY CARE

PREFACE

We are becoming increasingly aware of the gap between the social researcher's laboratory findings and the implementation of these findings. One reason is that the technical language of the social scientist has been as difficult to understand as that of the physicist or of the chemist. This can be particularly destructive in the field of education for infants and young children, for this is a process which involves all parents and their children. In fact, the success of the process depends on the understanding by the parent of his interaction with the child. This understanding enables him to perform successfully as parent and "early educator."

We hope these program materials will help you picture a number of innovative ways of delivering vital educational skills to infants and toddlers. Some programs are aimed at both parent and child; others zero in on the child. Some take place in individual homes; others are centered away from home. Some are comprehensive programs. They are included in this section because they highlight educational skills and provide other services. Most of the programs concentrate on the techniques of early learning which will help children prepare for future educational tasks.

Each program summary is followed by four sections: (1) objectives; (2) program descriptions; (3) effectiveness;

and (4) replication. Further inquiries about programs may be directed to the program director or to the staff at the Commission.

The major part of the material in Part I: Education and Day Care was gathered and written by Judith P. Archambo, Ph.D., for the Kentucky Infant and Preschool Planning Project. We are indebted to Dr. Archambo for her fine work.

A. COMPREHENSIVE PROGRAMS

1. Children's Center

Special Project: Department of Pediatrics, Upstate Medical Center
State University of New York, Syracuse, New York
Directors: Bettye Caldwell, Ph.D., and Julius B. Richmond, M.D.[1]

This program serves 25 children (10 between 6-18 months, and 15 between 18-36 months) five days a week from 7:00 a.m. to 7:00 p.m. A sliding fee schedule is charged, based on the family's ability to pay. The goal of the project is to make each child "maximally aware of the world around him, eager to participate in it and confident that what he does will have some impact on it. That is, the programmed environment will attempt to develop powers of sensory and perceptual discrimination, an orientation toward activity, and the feeling of mastery and personal accomplishment which appear so essential for the development of a favorable self-concept." (Caldwell, Bettye and Richmond, Julius, "Programmed Day Care for the Very Young," Child Welfare (March 1965) p. 139.)

The staff is responsible for providing a program for each child that is stimulating and age-appropriate. Individual adult attention for the infants, with continuity and stability, is emphasized. For at least one-half hour in the morning and after-

[1]The center directors were Julius B. Richmond, M.D., Dean, The Medical Faculty, College of Medicine, Upstate Medical Center, State University, State University of New York, Syracuse, New York 13210, and Bettye M. Caldwell, Ph.D. Dr. Caldwell is presently Director of the Center for Early Development and Education and Professor of Elementary Education, College of Education, University of Arkansas, Little Rock, Arkansas 72203. The Children's Center is now headed by Dr. J. Ronald Lally, (formerly associated with Dr. Ira J. Gordon, University of Florida), Director, Children's Center, 100 Walnut Place, Syracuse University, Syracuse, New York 13203. Support for this project is from the U.S. Department of Health, Education, and Welfare, Children's Bureau, Child Welfare Research and Demonstration Grant No. D-156.

noon full-time staff members concentrate on individual needs of infants assigned to their care. During that time infants are encouraged to use their bodies to explore the world around them - to touch, handle, reach for, and feel objects. During this period the youngster is talked to and stimulated to respond in an unhurried, relaxed atmosphere. Feeding, bathing, and napping times are individualized and are used as opportunities for further learning experiences. The staff emphasizes verbalization (naming objects, describing activities in which the child is involved, calling others' names, etc.) in order to foster the language skills of the child. Whenever he is awake, each infant is placed so that he can be aware of the world around him. In addition, he is encouraged to explore the environment, which is as free as possible of "untouchables."

Learning "games" are provided several times a week to sharpen the children's sensory perception and develop their skills in the acquisition of concepts and abstract thinking. For example, after the child has learned that a treat may be found under the larger of two squares, the treat is again hidden under the larger of the two. In this way he is helped to learn "larger than" as an abstract concept.

The older group's program is more formal, with more emphasis on group activity. However, as with the younger group, the individual child's development is assessed and goals are set that are appropriate for him. One staff member is assigned the responsibility for each child's daily activities.

The activities stress the development of motor-skills, sensory perception and concept formation through the reading to small groups of children (at least twice a day), art activities, music and rhythm and Montessori-type activities.

The parents are involved in monthly conferences with the director of the center and individual teachers, and are encouraged to serve as volunteers in the classroom. Casework is provided for families in need of such service.

A unique part of the program is the provision of an isolation room for children with minor illnesses and the provision of homemakers service for children unable to attend the center.

Objectives

1. To provide a demonstration group day care program for infants and toddlers (ranging from six months to three years of age) of working mothers.

2. To create a day care environment for very young children which offsets any negative effects due to maternal separations.

3. To provide environmental enrichment which develops sensory and perceptual discrimination, orientation toward active involvement, feelings of mastery, personal achievement and positive self concept in very young children.

4. To evaluate the effects to group day care objectively rather than by more traditional "clinical" methods.

Program Description

Responsibility for each child's daily activities is assigned to the same staff member. As much as possible, especially with the youngest children, the same person gives concentrated individual attention focussed upon visual-motor exploration and verbal stimulation for one half hour in both the morning and afternoon and attends the child at meals, nap time and upon waking. Age-appropriate learning "games" are provided several times a week to develop and sharpen sensory, perceptual, and conceptual skills. The environment was planned to include a

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minimum of "untouchables." The Center was organized according to a predictable routine. For older children, emphasis was given to more formal group activities in addition to individual attention. Grouping was done by age. Group experiences included such traditional preschool activities as story reading, art, music rhythms with the addition of Montessori-type activities.

Parent involvement, considered of secondary importance in this program, included a brief orientation to infant development and the general goals of the Center, monthly conferences with the staff, and social casework as needed with the family. Limited volunteer experience in the Center gave the mothers an opportunity to observe the staff in caring for very young children and helped the staff to learn more about the mother-child relationship.

A Well-Child Clinic, operated with the collaboration of the Syracuse Health Department, provided a program of regular immunization and general medical examinations for all Center children. The Center, in turn, provided a valuable training adjunct for pediatric residents and fellows at the College of Medicine.

Program costs were approximately $11.54 per child per day (excluding research expenses). This estimate is based upon a full day enrollment of 70 children for 260 days (five days a week for 52 weeks). Staff salaries represent approximately 90 per cent of the operating budget. Full time staff included a director, two educational supervisors, two medical staff, one and one-half social workers, fourteen caretakers, two secretaries and four supportive personnel (cook, janitor, chauffeur). All staff, in addition to their interest in young children, were trained in child development and other skills related to the position they held. Use of part-time staff and volunteers in various positions was encouraged in order to prevent staff fatigue and to allow for planning and evaluation. More staff were used to care for younger children, fewer adults were required for older children's group activities.

Effectiveness

Plans for evaluation included assessment of parental ideas concerning how children learn, the strength of attachment between mother and infant, the developmental level and learning style of infants and children measured repeatedly over time, and the stimulation potential of the home environment. Follow-up study is to continue until group day care participants are seven years old; therefore, results of the program are currently incomplete.

A review of reports published to date indicates the following findings: (a) At approximately 30-36 months of age and following one year or more of program participation, group day care children did not differ significantly from comparable home reared children in terms of their general emotionality, ratings of mother-child attachment, or maternal emotionality. (b) Positive relationships were found for both day care and home reared children between the strength of mother-child attachment and the developmental level of the child and between the strength of mother-child attachment and the amount of stimulation and"support for development" available in the home environment. (c) For day care children, there was no relationship between rated level of personal and social adjustment and age at entry into the day care program. (d) Repeated assessment from 1964-1968 revealed that children who entered day care prior to the age of three and children who were older than three when they entered day care showed significant gains in development. Thus there seems to be no negative effect associated with entering this day care program at an early age.

These findings are in agreement with recent literature which indicates that the deprivation of "mothering" rather than maternal separation per se is detrimental to early development. The effects of this program were positive for younger and older children, although more progress in terms of developmental "scores" was made by older children after comparatively less exposure to the program. This finding is in accord with other studies which have shown that the effects of varying environments upon developmental progress are not apparent until after the age of 18 months.

Limitation of parent participation in this program may represent a weakness considering the finding that developmental level and stimulation potential of the home are significantly related. Despite current trends toward more parent education and involvement within early education and child care programs, Caldwell points out that in some cases it is not feasible to work with parents or for the day care program to represent an extension of the home. The issues of who should have primary responsibility for child rearing and to what ends are inherent in the national movement toward expansion of day care as a social institution in our country. We do know, however, that improper care during the first five years of life can be permanently damaging.

Within the Syracuse Children's Center program, certain changes were made which reflect the investigators' concerns for the expansion of day care programs. Some middle class children as well as children of non-working mothers were admitted since

the need for day care is not confined to lower income working mothers. Eventually, after the discovery that their "graduates" could not find other good full day preschool programs, the Center was expanded to include kindergarten. It was observed that adding more advantaged children to the program increased the stimulation potential of the Center. It was found that middle class children showed the greatest developmental gains while in the program. This result may be due in part to the ability of the more advantaged family to support and promote the objectives of the Center program.

Two major program changes have occurred since July, 1969, when Dr. Ronald Lally became director of the Children's Center. First, children are no longer separated into groups on the basis of age. Twenty-eight children, ranging from 18-24 months of age are included in one large "family style" group. They move freely among four distinct activity areas. This arrangement permits the seven teachers to give individual attention where it is most needed. Older children help care for the younger ones in the group and serve as models of social behavior.

In addition, a number of nonprofessional child development trainers conduct a home visitation program. This approach is similar to the one developed by Dr. Ira Gordon. However, mothers (most of whom are disadvantaged unwed high school girls) enter this program early in pregnancy. Until the child is born, home visits emphasize prenatal care. After the child is born, the focus of home visits is increasingly upon emotional, cognitive, medical and maternal needs of the infant. Mothers are trained in the use of Gordon-Lally and John Tracy Clinic stimulation materials. Emphasis is also given to nutrition and homemaking skills. When the infant reaches six months of age it enters the Children's Center, although home visitation and involvement of the mother continue.

Replication

Dr. Caldwell is currently at the University of Arkansas, engaged in establishing a special day care facility to be run cooperatively by the university and the local school system. This new program is designed to influence public education policies and to train university students and local personnel in early childhood development, social work and a variety of related disciplines. Called the Center for Early Development and Education, it will provide comprehensive child care services for children from infancy through 12 years of age within the public school system.

Any request for program consultations should be addressed directly to Dr. Lally at the Children's Center or to Dr. Caldwell at her current address in Arkansas.

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A "Typical Day" for the Groups at the Children's Center

Bettye Caldwell . Julius Richmond

	Infants (roughly 6-18 months)	Toddlers (18-30 months)	"Striders" (30-40 months)
7:30	Children arrive individually or in small clusters; same is true of staff. All early arrivals go into same group. Each child is greeted warmly, talked to, undressed (and changed if necessary). Although this is technically a free play period, there is a great deal of individual attention. Much lap-sitting, reading to one or two, taking child along while teacher prepares for day's activities, etc. As other staff and children arrive, children go to their own "home territory."		
9:00	Receive, greet, change babies. (All babies are changed upon arrival, with the hopefully clean diaper set aside for them to wear home.)	Nourishment and story (group together). In this group the only full-group reading is during the time the children are seated for their snack. At conclusion they move about, then are divided.	Greeting, establishment of group. Informal roll call and discussion of activities done the day before and planned for this day.
9:30	Nourishment (juice, milk, crackers, cookies, dry cereal, occasional full breakfast), conversation.	Special project (group divided), usually involving fine motor coordination - e.g., finger or chalk painting, stringing large macaroni, making pudding, playing with clay, shaking glitter on surface, making hand print, etc. Children leave table as they finish.	Story and snack. Snack is often a "buffet" with finger foods (carrot sticks, celery, apple slices), peanut butter or cheese and crackers. Story read after children finish eating. Special cognitive or creative activity. May be many things, will vary with topic being emphasized. Includes puzzles, art work, beads, cylinder blocks, mosaics, pasting cut-outs, etc. May also include demonstrations - e.g., pediatrician "examines" doll.

A "Typical Day" for the Groups at the Children's Center

	Infants (roughly 6-18 months)	Toddlers (18-30 months)	"Striders" (30-40 months)
10:00	"Special" project, usually one that can be done in feeding chair with all children in same area, (e.g., egg white painting, feeling hot and cold water, nesting blocks or cups, playing with toys having distinct textures, etc.).	"Surprises" period. Teachers show children something "spectacular" - blows balloon, offers turtle, lights and extinguishes candle, etc.	
10:30	One-to-one period; activities arranged to fill individual needs. One child may be "walked" about building; 2 walked in strollers (outdoors in good weather); 2 to be read to; one to be encouraged with "Baby's eyes, nose," etc.; one to have special puzzle; one big spools - little spools, etc.	"Rambunctious" period. Large muscle toys are made available- roll toys, walking board, slide, wagon, trucks. Records may be played; children play with one another, interact with teacher in special individual ways. During this time all are toileted and dressed to go outside.	Free play, children all together, with wide range of toys available to choose from - roll playing toys, books, blocks, etc. If field trip is scheduled, it will occupy both this and preceding period. Sometime during period, children will be toileted.
11:00	Change; play records; bring and serve lunch; clean up; prepare for nap.	Outdoor play, or play in basement. Wide array of equipment available.	Outdoor play, or play in basement. Climbers, tricycles, swings, push toys, sand box, etc. available. Clean, toilet, and bib up for lunch.
11:30		Change or toilet, wash, put bibs on for lunch.	Lunch. Children eat in one group.

A "Typical Day" for the Groups at the Children's Center

	Infants (roughly 6-18 months)	Toddlers (18-30 months)	"Striders" (30-40 months)
12:00	Nap time; teachers and nurses have lunch. (Even though this period is thought of as nap time, not all the babies are asleep throughout the period. They go down and awaken at different times, with more variability in the time of waking. All are rocked either before or after nap. Babies who do not sleep receive individual attention - games, simple books, may sit in on teacher's meeting, etc.)	Lunch. The children eat in one group, sitting at small table.	
12:30	Teachers fill out records, clean up play areas, etc.	Toileting and diapering, clean-up, preparation for nap.	Washing, toileting, and brushing of teeth. Children lie down on cots as they get ready for nap. Teachers pat, sing softly, etc.
			Nap time. Most children in group sleep very soundly for full period. One teacher remains on observation duty. Teachers meet to plan program, prepare for later activities, clean up room, etc. As children awaken, they go into extra room, receive individual attention, rocking, special story, are toileted, etc.

A "Typical Day" for the Groups at the Children's Center

	Infants (roughly 6-18 months)	Toddlers (18-30 months)	"Striders" (30-40 months)
1:00 1:30 2:00		Nap period, wide variation in ease of going to sleep and duration of sleep. Some drop off instantly; others need patting or singing or rocking. Last one to sleep around 2:00, first one awake around 2:30. As children awaken, they are taken into adjoining room and rocked and cuddled, changed, read or sung to, etc. One teacher stays on observation duty. Teachers meet to discuss program, keep records, clean up area, etc. Only one room available, as one or two children might sleep until 3:30.	
2:30	Awake, "nuzzled," changed (diaper changing time is an important one for learning activities; adults consistently talk to, smile at, peek-a-boo with, hold up to windows to observe outside goings-on, etc.		Free play. Children are still "waking up." Large assortment of both small muscle and large muscle toys available for choice.
3:00	Nourishment	Individual learning activities - reading target (vocabulary) books, shape puzzles, cylinder blocks, nesting boxes, hide and find games, small table blocks, etc. These activities may follow rather than precede snack if all children awake.	Snack and group story. Also group singing.

A "Typical Day" for the Groups at the Children's Center

	Infants (roughly 6-18 months)	Toddlers (18-30 months)	"Striders" (30-40 months)
3:30	"Floor play." (Activities vary with weather. Children may be taken outdoors for sand box, water play, swings, crawling in grass, etc. For indoor play, "large muscle" toys will be made available.)	Snack and story. May be offered outdoors in summer.	Structured active play. Activity record, ring games, bean bag game, marching rhythm instruments. May go outdoors in good weather.
4:00	Children leave at different times during this period; same for staff. Older children are brought into baby area to wait for parents, driver, etc.	Individually guided play. By this time of day the children may be tired (as will be the staff). Some children will require outlets for vigorous activity, but often cannot take completely "free" play at this time. Thus action songs, marching and rhythms, ring games will be organized. Other children will want to be held and rocked.	Cognitive or creative activity. By this time, most of the children have gone. The head teacher who remains uses this as a time for playing special lotto-games, puppet stories, art activities, etc.
4:30	Children are encouraged to play by themselves as much as possible during this time. Staff try to talk at least briefly with parents as they come to pick up children - exchange anecdotes, discuss problems, etc.		
5:00 to 6:00		Preparation for departure or regrouping, changing and dressing. Children who stay late will be combined with children from other groups.	Preparation for departure. Toileting, practice in dressing, cuddling, and individual stories. Children who leave very late combined with other groups.

A "Typical Day" for the Groups at the Children's Center

The amount of time during which children are free to select their own activities is under-represented in the table. E. g., though 30 minutes may be allowed in the schedule for toileting or changing, this takes only five minutes or so for any particular child. Thus these periods are also essentially free periods.

2. Child Study Center: Child Development Unit
Yale University School of Medicine, New Haven, Connecticut
Director: Sally Provence, Ph.D.[1]

This program for low-income families is part of a three-pronged project that will study children from infancy to seven years of age. The day care center provides full day services for infants of working mothers and two to three hours per day for infants of non-working mothers.

The interaction with the infants occurs when bodily needs are present. The staff is aware of the individual development of the child and plans a program that is educationally stimulating for him.

The goal of services to present is to assist their development as adults so that they may support the gains made by the children in the center. It is assumed that the support of significant adults will strengthen the educational and emotional gains of the child. A multi-disciplinary team works together (pediatrician, psychologist, social worker, early childhood education specialist, psychologist, and nurse) to reach the goal of the project. The social worker and nurse make regular home visits that help provide the necessary supportive family services. The pediatrician provides medical attention in the clinic and home visits.

A group residential care program for children from infancy to seven years of age is now being developed which will supply

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[1]Information may be obtained from Dr. Provence at the above address.

sufficient staff to provide an adult with whom the children may develop a close relationship.

Objectives

1. To deliver the full range of comprehensive services to a selected group of low income families, with as the focus of the services. The service will continue until the infant reaches seven years of age.

2. To study the effect of these services on the infant and his family.

Program Description

This day care center draws on the many resources of the Yale University Community. It attempts, like the Parent Child Centers, to provide a multi-discipline "team" approach to the needs of the child.

Intensive research is begin carried out to determine the effects of providing such complete service over a period of seven years. Costs of providing such services are being measured.

Effectiveness

The study has not yet been completed. Preliminary data may be obtained from Dr. Provence.

Replication

This program draws on the unique resources of Yale University. The Parent-Child Center Model, whose services closely correspond to those provided by this unit, however, has been replicated in non-university settings, such as at the Hough PCC in Cleveland.

References

Provence, Sally. Child Study Center, Child Development Unit, Yale University School of Medicine, Yale University, New Haven, Connecticut. Grant Research Division of the U.S. Children's Bureau, July 1967, Grant No. PR900.

3. Frank Porter Graham Child Development Center
University of North Carolina
Chapel Hill, North Carolina[1]

In January, 1967, the Child Development center had thirty-one children from six months to four and one-half years of age under the supervision of four child-care workers. The children are from a cross section of socio-economic backgrounds; half are boys; half are girls; half are black; half are white.

The center is located in two cottages in which the children nap, eat, and play as they usually do in the family setting.

Infants and toddlers receive their educational training in the cottages while the preschoolers attend another facility for part of the day. The educational program encourages the development of verbal, cognitive, and perceptual-motor skills through individual and group activities. The curriculum is based on the developmental theories of Piaget and the principles of reinforcement learning. The program being developed and revised on the basis of the experiences with the children. The future program includes the incorporation of an elementary school.

Pediatricians, dentists, and nurses provide health care. Children who are ill may be accepted in the program.

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[1]Inquiries should be directed to James Gallagher, Ph.D., Director, Frank Porter Graham Child Development Center, University of North Carolina, Chapel Hill, North Carolina. Funding for the center is from various sources including the Children's Bureau of the U.S. Department of Health, Education, and Welfare.

Objectives

1. To establish a comprehensive, continuous program of day care, health and education services which spans the period from birth through elementary school.

2. To determine the effectiveness of the above program for children of various racial and socio-economic groups.

3. To undertake long range studies of the intellectual, language, physical, social and personality development and health and disease patterns of young children and their families.

Program Description

An unusual feature of this program is the grouping of children in cottage units. Two groups of 15 to 16 children each, young infants to six-year-olds, are housed in two cottages which have been specially renovated for this purpose. Each cottage is staffed by four child care workers. An effort is made to maintain balanced racial and socio-economic groups with equal numbers of boys and girls. Although the specific schedule of the center is not given in materials reviewed, it is open throughout the day to provide full day care.

Within their cottage children can eat, nap and play. Special sleeping arrangements for infants have been made. The daily schedule is flexible with times for individual and group activities which are planned or left to the children's preference. Aside from basic care items required for infants, the cottages are supplied with a wide variety of typical nursery school toys, materials and equipment.

Infants and toddlers remain in the cottage unit for the entire day. Older children attend a preschool session each morning, returning to their cottage for the afternoon. All children receive some kind of learning-oriented experiences as outlined below:

Infants: Looking, listening and touching experiences including music, human voice sounds, projected pictures, mobiles, and toys with different textures.

One- to Two-Year-Olds: Same as above at a higher level of difficulty involving language skills and eye-hand coordination (e.g., working puzzles, learning to identify and match familiar objects, listening to stories, learning parts of the body).

Three- to Five-Year-Olds: Social skills, enrichment experiences (field trips), self-expression (art, music), increasing use of language, readiness activities (reading familiar words and symbols).[1]

Children receive complete medical care at the center and at home provided by a staff of pediatricians, dentists and nurses. Sick children are accepted at the center. However, they are not isolated in a separate area as is the case in other similar programs reviewed. Ill children are kept from close physical contact with healthy children but are cared for within the cottage. Studies are underway to determine the most effective treatment practices for illness in such programs.

Scrupulous sanitary practices are followed in the cleaning of equipment and utensils. Handwashing by staff before handling infants is stressed. All children are dressed in center-provided clothing from the time they arrive until they leave for home. All food, including infant formulas, is prepared on the premises except for commercial baby foods. Diaper service and throw-away utensils are available as options depending upon parent and staff preferences. Complete details on care and feeding procedures for infants in this program appear in Part II: Nutrition Services for Infants and Young Children.

Program costs are not given in materials available for this review. A fee, based upon family income, is charged for each child enrolled. Details on costs can be obtained on request.

Effectiveness

Although there are a number of positive comments about the success of the center program, no research or evaluation reports have been published to date. Center staff caution against forming any conclusions about the program until such data are made available. All of the children enrolled in the present program will be followed up after they leave the preschool so that the long range effects of comprehensive early care can be determined. Short term studies are being done on a variety of topics ranging from the causes of respiratory diseases in infants to the development of curriculum materials which promote intellectual ability in four-year-olds.

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[1]When the program first began, French was taught as a second language in the preschool. Apparently this unusual feature has been discontinued.

Replication

No information was available in the material reviewed concerning staff selection, training or the availability of program materials. However, because of the interest in this program and its commitment to disseminate its findings, center staff should respond positively to inquiries and requests for site visits and consultations. Details of the health and nutrition aspects of the program appear in the other sections of the booklet.

References

The Frank Porter Graham Child Development Center. University of North Carolina at Chapel Hill. February 24, 1969. (Descriptive summary including material on the educational curriculum and infant care.)

Robinson, Halbert B. From infancy through school. Children, 1969, 16, 6-62.

4. Institute for Child and Family Development
Greensboro, North Carolina
Director: Mary Elizabeth Keister, Ph.D.[1]

At the Institute for Child and Family Development at the University of North Carolina at Greensboro, North Carolina, Dr. Mary Elizabeth Keister operates one of the outstanding day care centers in the United States. Funded originally under a grant from the Children's Bureau, Department of Health, Education, and Welfare, Dr. Keister and her staff set out to demonstrate that care of babies away from their own homes, in groups, is not detrimental to healthy development.

Twenty-two babies and toddlers attend the center, which shares the facilities of a local church. Dr. Keister presents a vivid picture of her center in this excerpt from "The Good Life for Infants and Toddlers,"[2] one paper from an excellent packet of materials which she has assembled and is available from her.

"You would find our 22 babies and toddlers in four rooms on the ground floor of the wing we occupy, and our eight three-years-olds together in a room further down the hall. At this moment, as you have your first glimpses of the babies themselves, I would challenge you to differentiate

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[1]Project Director is Miss Mary Elizabeth Keister, Ph.D., Institute for Child and Family Development, University of North Carolina, Greensboro, North Carolina 27412. Support for this program is from the University of North Carolina at Greensboro and the Children's Bureau, U.S. Department of Health, Education, and Welfare, Child Welfare Research and Demonstration Grant No. D-256.

[2]National Association for the Education of Young Children, 1834 Connecticut Avenue, N.W., Washington, D.C. 20009; $1.50.

among the children those from low versus middle economic backgrounds, those whose families pay fees of $1.00 a week and those who pay the full fee of $15.00 for the nursery service. All our babies give an impression of good health, busyness, curiosity, friendliness and trust, zest for living and learning. You could not identify, I feel sure, the ones who are sons/daughters of University professors and those who who are the children or grandchildren of University maintenance or grounds staff, workers in the laundry, etc.

"Our "crib babies" -- in general, those who still have two naps a day, ages three months to about 18 months -- occupy two sunny rooms connected by a small toilet-lavatory. These two rooms are labeled, affectionately, "The Rocking Chair Room" and "The High Chair Room". The twelve babies in these two rooms are cared for by the same three persons each day. At waking times, play time, and dressing-for-outdoors time (and at break-time and lunch-time for the caregivers) the babies are familiar with the fourth person.

"In a third room, across the hall, "The Red Wagon Room," you may find four or five children around 15 - 20 months, the diligent, exploring toddlers. They will be seen with one caregiver, with a helper for the busy time of learning self-feeding, going off to sleep, getting ready for outdoor play and so on.

"The toddlers getting beyond 20 months of age, ready perhaps for toilet training and for a somewhat more structured

play time, have home base in "The Playhouse Room", with its own private toilet and washing facilities. Here five or six children play and sleep and eat together, watched over by one continuing caregiver who also is given assistance during the "busy" times of the day and when her scheduled times for refreshment breaks and lunch come round.

"All of these rooms are bright with color and alive with things-to-do. Attached to the walls you will find pictures, balloons, panels of interesting printed or striped cloth or paper, prisms hung in sunny windows. The cribs, of course, boast the ubiquitous mobiles, cradle gyms, and other equipment for sensory stimulation. The playrooms look much like a well-equipped nursery school for two and three-year-olds -- well equipped with lots of home-made, improvised equipment as well as more "traditional" picture books, records, toys, etc. In each room for the under-threes you will see some children sleeping while others play or are fed or dressed and diapered. In one room you may see no children for they have all gone for a walk together or are playing out-of-doors in the enclosed play yard.

"Our group of eight three-year-olds, half of whom are in all-day care, have a room farther down the hall, near to a toilet and washroom that they must share with adults. They have a professionally trained nursery school teacher on a four-mornings-a-week basis and a nursery assistant who is with them all day.

"In the entryways and halls you will see wheel toys, pull toys, strollers and carriages. We use strollers built for twins and some are capable of carrying four babies (two sitting with seat belts fastened and two standing in the "rumble seat" behind the younger two).

"You will find our cook -- and our kitchen and staff dining facilities and space for relaxing -- on the second floor of the building. You may not encounter our part-time janitor. He is a student in one of the local colleges and comes early mornings and again late in the day to do the heavy cleaning. You will meet our part-time receptionist/ bookkeeper whose "office" is the entrance hall.

"The Demonstration Nursery Center is housed in the young children's section of the new educational wing of a church near the University campus. They have the use of six rooms or a total of approximately 3288 square feet. The children are divided into five groups; the sixth room is "Sick Bay." In addition, the staff has the use of a small kitchen for the preparation of all foods and the large youth activities room for staff resting and dining.

"The staff consists of 3 full time and 1 part-time professional, 7 nursery assistants, a cook, part-time janitor, and additional relief and substitute assistants as needed. The professional staff includes a director, an associate director, a nurse, and a half-day teacher for the three-year-olds. A pediatrician and a social worker consult on a regular and/or on-call basis.

"The under-three groups are staffed by six nursery assistants who work in two overlapping eight-hour periods from approximately 7:30 a.m. to 5:30 p.m. These assistants are relieved by additional staff (professional staff, students, etc.) for lunch, and for morning and afternoon rest breaks. The total time a nursery assistant spends with children is six and three-quarters hours per day.

"The nursery assistants have varying degress of experience and training. In formal education all but two are high school graduates; two have two years of college. One assistant who works half-time is a college graduate. All assistants are mothers and some have been with children in paid positions, in informal work experiences, or in volunteer capacities."

From the experience of the demonstration program, Dr. Keister and her staff have been able to define standards of quality care in relation to the four areas of infant development: physical-medical; mental-motor-sensory; social; and emotional-personality:

"A GOOD PROGRAM FOR INFANTS AND TODDLERS.....

"...Provides for the well-being of all persons - children, staff, and parents

"...Allows time for the orientation of staff to the Center's program and policies

"...Orients families and babies to the Center in a gradual process

"...Guards health and safety of all persons

"...Individualizes care-giving acts

"...Permits the giving of spontaneous attention and affection, play, and talk from caregivers

"...Encourages physical and emotional satisfaction in the processes of eating, sleeping, eliminating, walking, talking

"...Creates interesting persons-and-things situations and encourages children's exploration of the environment

"...Seeks protective and interpretive ways to introduce a child to himself and other children

"...Observes each child's readiness for change

"...Supports and enhances family relationships

"...Continues to evaluate policies, programs and procedures"[1]

Dr. Keister and her staff have produced a number of papers helpful in setting up a day care center. Among these are "Assuring Safety and Protecting Health," "Nurturing Creativity: The Role of Living Space in the First Year of Life," "Learning and Teaching in a Center for the Care of Infants and Toddlers," and "The Good Life for Infants and Children." They are available upon request.

Objectives

Certain assumptions have been made concerning the nature of an optimal day care program. Dr. Keister's program illustrates points (1) and (2). This experience helped her define the standards mentioned in point (3).

(1) Day care is defined as caretaking performed by someone other than the mother for more than six hours a day. Ideally, day care should provide supplemental, not substitute, mothering which complements the home, is supportive of the parent-child relationship and suited to the child's individual needs and routines.

(2) The experience should contribute positively to the child's total growth by including comprehensive service (e.g., education, social, emotional, nutritional and general health).

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[1]Arnote, Thelma. Learning and Teaching in a center for the care of infants and toddlers. University of North Carolina at Greensboro, 1969. (See References)

(3) Because a good child care program can influence child care patterns in a community, standards should be set to insure the adequacy of these services.

Program Description

Children are mainly recruited from the faculty and staff of five colleges and universities in Greensboro. The children are an inter-racial group and represent a variety of socio-economic levels.

The Center is located in a new church facility. It is open from 8:00 a.m. until 5:30 p.m. five days a week. Children are kept in four separate areas according to age. Each area includes space for play activities, sleeping, eating and toileting. A caretaker is assigned to each group, assisted by a part-time staff member who relieves her periodically. The youngest infant group (3 to 18 months), has three full-time caretakers for more individualized care. Three year olds have a nursery school class four mornings a week conducted by a professional nursery school teacher. The rest of each day is spent with the nursery assistant.

Typically, each full-time staff member spends a total of 6 3/4 hours per day with her group of children. Each area has "cue cards" posted for each child which are kept up to date in terms of the child's individual daily routine, preferences for food, toys and persons and readiness for new learning experiences. Parents and staff alike provide the information for these cards which help direct the staff in working with each child. As much as possible caretakers try to gear activities to the schedule of each child. While one is eating, another may nap and a third may be engaged in quiet play. In this way the center becomes an extension of what the child would experience in his own home.

Rooms are very colorful and attractive. Cribs are equipped with mobiles, cradle gyms and other items which provide sensory stimulation. Playrooms for toddlers have a variety of toys, picture books and records in them. The three years-olds' area is stocked with standard nursery school toys and equipment.

In addition to the four children's areas, there is a reception area and a "sick bay", which is perhaps the most attractively decorated and outfitted area in the center. Although normally used for care of ill children, occasionally healthy children will spend the day in these quarters if the other children have succumbed to a cold or other upset.

There are three disadvantages to this facility which are pointed out by Dr. Keister. First, since they are located in

a church building, everything must be put away each week so that they do not interfere with Sunday School. The building also lacks an adequate play area. One has been developed some distance from the building. The staff would prefer a facility in which all rooms open into a completely secure play area where children could come and go at will. Such an arrangement would better for the children and greatly simplify supervision. A related problem occurs with the separation of the children into age groups. Although this provides initial security, the arrangement of rooms inhibits exploration and activity. These problems illustrate how the effectiveness of some programs is limited by having to adapt program to building structure. Preferably, buildings should be designed or adapted to the needs of a good day care program.

One of the strong points of the nursery center is the meticulous health and safety practices followed by its staff. Annual examinations by a physician are required of all staff. No one who is ill works with the children. All equipment as well as the building is kept scrupulously clean. In addition to washing after diaper changes and prior to feeding an infant, a caretaker has a different gown to wear with each child while holding it. Disposable utensils and diaper services are utilized to cut down on possible spread of infection. Formulas are supplied by parents. Commercial baby and junior foods are used in addition to meals prepared at the center under the direction of a dietician.

Staff required for this program include a director, a full-time nurse, a part-time nursery school teacher for the three-year-olds, seven nursery aids (to provide a ratio of one adult for every four infants and toddlers) and a cook. A local pediatrician is employed to be on call daily and to meet twice a week with the staff. Consultation services for staff and families are provided by a professional social worker on a part-time basis.

The use of non-professionals as nursery aides was done to demonstrate their effectiveness. Obviously there are not enough professionals to staff the number of day care programs required, so it is considered crucial to train non-professionals to provide these services. The non-professional staff in this program is largely self-referred and highly screened. They all have either a high school or college background. They range from 20 to 55 years of age and were selected on the basis of a number of characteristics assumed to be necessary in effective day care work. Training of this staff is described as "on the job learning." Training occurs through actual experience with the children and by participating on equal footing in various planning and staff discussion sessions. Staff are encouraged to make use of the book-mobile and to

visit other early childhood programs to broaden their outlook. Individual evaluation conferences with the director are held each month. A detailed discussion of non-professional staff recruitment, training and program procedures is available. (See References).

Information on program costs is not available in the materials reviewed. However; the nursery center does charge a fee ranging from $1 to $15 per week for each child, based upon the family's ability to pay. Further information on costs can be obtained by writing Dr. Keister.

Effectiveness

After twenty-one months, children in the program did not differ in terms of their mental and social development from comparable home-reared children. This finding is interpreted to mean that the center program did not harm these children in any way. No information is available as to the relative developmental progress made by the advantaged and disadvantaged children in the center. Nor is there any follow-up data regarding the progress these children made at later ages. Dr. Keister would like to explore the advantages of mixing age groups, especially to promote better learning experiences.

Information regarding the incidence of illness at the center is very encouraging for group programs. Illnesses occurred much less than expected. The presence of a sick bay encourages mothers to report symptoms early, thereby enabling staff to isolate the child and offset more serious illness. The sick bay is also used to develop positive attitudes towards physicians and nurses in the children and to encourage positive personal health practices.

Few families dropped out of the program. In those instances where families left it was necessitated by a move or because arrangements had to be made to accommodate other family members. This points up a problem in planning adequate day care programs: care needs to be provided for older children (after school) as well as for preschoolers. Day care programs which have longer hours and are open on weekends are also needed in many communities.

Very positive parent reactions to the program are reported by Dr. Keister. Apparently no negative reactions have been registered. There is staff interest in having more parent involvement in the program and in finding ways to demonstrate to parents why day care for very young children does and should cost more than similar services purchased for older children.

Replication

This program has received a great deal of national and

regional attention due to the great interest in the expansion of quality day care services to meet a growing demand. Dr. Keister has participated in the writing of standards for day care in North Carolina. One result of this endeavor is a leaflet for parents on what they should look for in a good day care program. Other materials are available on health care and safety practices and on-the-job training of non-professional caretakers (See References).

Inquiries regarding program information and site visits after this date should be addressed to Dr. Keister in Greensboro.

References

Arnote, Thelma E. Learning and teaching in a center for the care care of infants and toddlers. A descriptive review of experience with staff development. University of North Carolina at Greensboro. Children's Bureau Grant No. D-256, 1969.

Assuring safety and protecting health. Demonstration project: Group care of infants and toddlers. Children's Bureau Grant No. D-256, 1969.

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Infant care project: List of publications (yellow mimeo).

Keister, Mary Elizabeth, A demonstration project: The "good life" for infants and toddlers. Paper presented at a symposium, "Education and the City Child - Some New Approaches," sponsored by the Day Care Council of New York, Inc., April 30, 1969.

_____. Patterns of daytime care of infants under three years of age. A survey in Guilford County, North Carolina. The Institute for Child and Family Development, University of North Carolina at Greensboro, 1965.

The North Carolina Family Life Council, Inc. A position paper: Child care in North Carolina. December, 1969.

5. The Hough Parent and Child Center, Cleveland, Ohio
Administered by Family Service Association of Cleveland
Director: Richard H. Johnson, MSW[1]

With the increasing amount of information coming from colleges and universities about the importance of the first three years of a child's life and the medical, dental, and nutritional problems that were seen in children entering Head Start, it was decided to try a new approach. The Parent and Child Center (PCC) concept was developed to prevent problems from happening and to help childern develop normally and adequately at as early an age as possible. This would prevent having to play "catch up" at a later time. Eligibility for participation in PCC's is limited to those families which have at least one child who is younger than three years old.

The purpose of the Hough Parent-Child Center is to "help parents become better parents for their own children, and in general, to strengthen total family life." It serves forty-eight low-income families and has a three-part program for children under three years of ages:

(1) Home Instruction

For families with children under six months of age. The home-visiting program involves a home instructor who demonstrates techniques that promote the child's

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[1]The director is Richard H. Johnson, MSW, Hough Parent and Child Center, Cleveland, Ohio. Federal support came from the Office of Economic Opportunity, Washington, D. C. Local funds came from such sources as the Welfare Federation of Cleveland, the Catholic House of Cleveland, Cleveland Section of the Council of Jewish Women, Junior League of Cleveland.

awareness, positive self-concept, and a sense of trust in adults who care for him. The adult activities that are encouraged are in response to normal everyday infant behavior, and can serve to extend the child's motor and perceptual skills and his cognitive development. Activities and techniques demonstrated in the home include holding and responding to the child; stimulating exploration and reaching out; the importance of talking with the child; and an awareness of simple routine and care programs for the child.

(2) Infant-Toddler Group

This group of children (from six months to two years) comes to the PCC two mornings or two afternoons a week, and is under the supervision of a nurse-teacher, an infant-toddler aide (a PCC parent) and a volunteer.

The staff is responsible for developing an individual program that will meet the needs of each child. The environment has been developed is such a way as to promote safety and growth for the young child. Bassinets, baby beds, dressing tables, and toys appropriate for young children are provided. The nurse-teacher is responsible for interpreting the program to the parents, and encouraging the parents to contribute their ideas and suggestions for improvement.

(3) Nursery Group

Eight to ten children attend this program four days a week in the morning or the afternoon under the direction of a nursery school teacher. Again, the program is geared toward the individual goals set for each child, using the traditional

nursery school environment with an aim of promoting and stimulating creative play and intellectual development. Parents in the Hough PCC are offered a variety of services. A flexible family life educational program has been developed by a family life educator. It is based on the expressed interests of the families, from sewing to family planning. The program structure ranges from formal meetings with speakers to informal get-togethers. One-to-one counseling, group counseling, and/or family counseling are provided by the social worker family-counselor.

Another aspect of the program includes a short-term training and work experience that will prepare mothers to carry out needed roles in the PCC (four hours a week is required of each parent). Often the PCC stays open on weekends to accomodate families' desires. In addition an after-school and evening program for PCC family members is operated to meet the needs of different age groups.

Objectives

1. To significantly improve the skills, confidence. and motivation of the parents, both as partners and as individuals.

2. To develop techniques and processes which will prevent the development of health, intellectual, social and emotional deficits in the child, but will maximize his inherent talents.

3. To reinforce the institution of the family and establish a greater sense of community among families resident in the neighborhood.

Program Description

The Hough Parent and Child Center is located in Census Tract 2-4, which for a number of years has had the lowest

per capita income per family, highest infant mortality rate, highest rate of illegitimate births, the highest unemployment rate and a high crime rate. The center itself consists of 5,000 square feet of space on the first floor of a two-story brick building. Once a livery stable, later an auto body shop, the first floor was renovated according to the Director's specifications. The three-part program has a component in home instruction for infants under six months; a two-day-a-week center-based program for infants and toddlers from six months to two years and a four-day-a-week nursery school group.

There are many programs organized for parent involvement. Medical, dental, nutrition and psychiatric and counselling services are available.

The staff consists of a Director, an Assistant Director who is the Program Coordinator, two Social Worker-Family Counselors, a part-time Registered Nurse-Health Educator, two Nursery Teachers, a Family Life Educator, two Community Aides, a full time Cook, a full time Maintenance Man-Minibus Driver, an Administrative Secretary, Bookkeeper and Clerk Typist.

Effectiveness

A detailed evaluation of the thirty-six Centers across the country, including Hough, may be obtained from the Office of Child Development, Department of Health, Education, and Welfare, Washington, D. C.

Replication

Guidelines for the PCC's are available and furnish a model for comprehensive services. Descriptions of two additional programs, anonymously called "North Town" and "Desert Town," follow for your interest. As with all programs, the quality of staff (hiring, training, and supervision) is crucial.

References

Johnson, Richard H. The Hough Parent and Child Center, a model of service for economically disadvantaged families with children below the age of three. Ohio's Health, Vol. XXII, No. 3, March, 1970, pp. 24-28

B. "North Town"

"North Town" is a rural center, predominately Anglo, located in the northeastern part of the United States, in a mountainous area where dirt roads, severe winters, and isolation, physical as well as psychological, are important factors in program development.

Goals of the program are to help parents cope with the everyday problems of living, learn the skills and resources necessary for healthy living, and learn new ways of relating to children.

The Center will facilitate changes in the environment of the families that will enable children to break out of the cycle of poverty.

Thirty-four center staff members, most of whom have had previous experience working in poverty programs, are mostly non-professionals. They serve 57 families. The average family has more than seven members, and has a mean per capita income of $526.00 per year.

The program is both center and home based; and serves 87 focal children, comprising two groups - infants and toddlers. Mothers and children come to the center at least three days a week, and family aides visit each home at least once a week.

Although the entire program's main focus is on the child three years and under, the Center, through home visits, social events and educational programs, works with

the total family and includes children of all ages. Prenatal, medical, dental, psychological, and social services are offered to the total family.

Both infants and toddlers have their own programs in their own well-equipped, well-planned attractive rooms.

Infant care is on a one-to-one basis, with staff and parents involved in cognitive stimulation and bathing, feeding, playing and resting as the major portion of the program.

Toddlers participate in a well-rounded and flexible pre-school program, in which hot meals are served, and there is at least one staff member plus mothers and NYC (Neighborhood Youth Corps) workers to every six children.

Parents have been and are quite involved at all levels - planning and governing, as well as educational and social. Activities include sewing, carpentry, farming, job training, housing and membership on the Board and Advisory Committee.

This well-planned, ongoing and flexible center program has been successful in involving both family and community.

C. "Desert Town"

Located in a conservative, rural southwestern area, cold in the winter and hot in the summer, "Desert Town" is mainly comprised of Hispanos, most of whom work as farm laborers.

Thie center has four sites, 40 miles apart, and serves 50 families, with 77 children under three years of age. An average family consists of 6.3 persons, has 4.4 children, and an annual per capital income of $486.00.

Comprised of 34 individuals, the staff has a professional to paraprofessional ratio of 1:5.3, with one third of the staff having children in the center program.

A belief that intervention in the development of children must be early and continuous is the basis for the center's program, which includes an infant and preschool component and parental training in the many aspects of health and emotional needs.

Although both sites have the same stated goals, Site I, due to differences in concepts and personalities, is progressing at an extremely slow pace in comparison with Site II.

Both sites are attempting to provide training for parents in English and in high school subjects in order to prepare for the G.E.D. examinations; programs for children from infancy through their teens (with the major stress on children three years or less); health education; and the use of community resources.

Most parents at Site II are involved in all areas of the

program and see the center as "where the action is" while only a few of the parents are involved at Site I.

The daily programs at each site are also different. Site I tends to be a "drop-off" center for infants and toddlers, who have their own areas in the upstairs portion of the house, while Site II has implemented an ongoing daily program with active parent participation, for infants and toddlers in well-equipped, attractive downstairs rooms.

Both sites serve lunches and snacks, have a home-day-care program, a program for children over two and a half (which offers supervised games, stories, music and art), stress infant stimulation, and provide a daily program for toddlers. The adult-child ratio in the center program averages from one staff member to 6-8 children, with very little parent participation, bringing the adult-child ratio to approximately two adults for every three or four children.

The striking differences in these two sites is directly related to the personality and training of the two directors.

6. Head Start: A General Description Washington, D.C.[1]

Head Start was funded by the Economic Opportunity Act of 1964. The first programs went into operation in the summer of 1965. Since that time, there has been a shift away from summer programs to full-year programs. At the Federal level, administration of the program has been shifted from the Office of Economic Opportunity to the Office of Child Development in the Department of Health, Education, and Welfare.

Community Action Agencies are the prime sponsors of Head Start programs. They can delegate the operation of the program to some other agency, such as a school system, church group, or other private agency if they choose not to run the program as part of the Community Action Agency itself. In addition, direct grants can be made to "single purpose agencies" where there is justification for this procedure.

The purpose of Head Start is to provide children whose families fall below the Office of Economic Opportunity poverty criteria with a "head start" to catch up to more economically fortunate middle class children. The aim of Head Start is to insure that all children enter first grade on equal footing.

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[1]Head Start Child Development Programs. A manual of policies and instructions. U. S. Office of Child Development, Department of Health, Education, and Welfare, Washington, D.C., September, 1967, p. 2.

In general, children attend Head Start the year or summer before they enter first grade or kindergarten. However, some programs have children enrolled for several years before they enter the school system. No children below age three are enrolled in Head Start.

Head Start has been and still is one of the most ambitious nationwide educational programs ever attempted. It is also one of the most complete and comprehensive programs ever attempted, allowing for innovation by the communities which elect to participate in it. As might be expected in such an undertaking, the quality of programs has varied from community to community. Health and nutrition components of specific programs are described in other sections of this kit.

Objectives

The following are the broad goals of Head Start.[1] They permit each community to decide on how it wants to go about meeting them, allowing for local conditions and needs.

Improving the child's health.

Helping the child's emotional and social development by encouraging self-confidence, self-expression, self-self-discipline and curiosity.

Improving and expanding the child's ability to think, reason and speak clearly.

Helping children to get wider and more varied experiences which will broaden their horizons, increase their ease of conversation and improve their understanding of the world in which they live.

Giving the child frequent chances to succeed. Such chances may thus erase patterns of frustration and failure and especially the fear of failure.

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[1]Head Start Child Development Programs. A manual of policies and instructions. U.S. Office of Child Development, Department of Health, Education, and Welfare, Washington, D.C., September, 1967, p. 2.

Developing a climate of confidence for the child which will make him want to learn.

Increasing the child's ability to get along with others in his family and, at the same time, helping the family to understand him and his problems--thus strengthening family ties.

Developing in the child and his family a responsible attitude toward society and fostering feelings of belonging to a community.

Planning activities which allow groups from every social, ethnic and economic level in a community to join together with the poor in solving problems.

Offering a chance for the child to meet and see teachers, policemen, health and welfare officers--all figures of authority--in situations which will bring respect and not fear.

Giving the child a chance to meet with older children, teenagers, and adults who will serve as "models" in manners, behavior, and speech.

Helping both the child and his family to a greater confidence, self-respect and dignity.

Program Description

It is impossible to include all Head Start Programs in a single program description. There are, however, program elements which the Federal guidelines indicate must be included. The following is a list of these elements:

Daily activities program for the child development center.
Health services program
  Medical services
  Dental services
  Psychological services
Speech
  Speech, hearing, and language services
Social services program
Nutrition program
Policy advisory committee program
Career development program
Parent education program
Volunteer program

Although these program elements vary from community to community, they must be included in all Head Start programs.

In addition, for every five children, there must be one adult in the child development center working with them. Class size is limited to approximately 15 children. Emphasis is placed on hiring parents of children enrolled in the program for non-professional staff positions.

Emphasis is also placed on involvement of parents in the Policy Advisory Committee program. Each Head Start Center, delegate agency, and grantee agency has a Policy Advisory Committee, where parents sit as both consumers and participants and on an equal footing with community, agency representatives, and local officials.

Training is provided for Head Start program by regional universities and colleges. Some of these training programs are preservice, and some are workshops which last several weeks. Each state has a number of Regional Training Officers who are available to Head Start programs for site visits and consultation in program planning and operation. Private consulting firms are also available to Head Start programs through a contractual arrangement with the Office of Child Development.

Head Start programs are staffed in many different ways. Some have professionally educated staff, while others are run primarily by nonprofessionals trained on the job. An attempt is made to match the operating organization and the staffing pattern to local needs and resources. For example, Head Start centers are found in schools, churches, community centers, general stores, and in almost every type of structure imaginable.

Although the content of the Head Start programs varies greatly, the material which the national office distributed advocates an enrichment/socialization program for Head Start children. It is a general approach which attempts to provide positive experiences with adults and enrichment activities in both classroom and community, supplemented by basic health services. By providing these experiences and services for the child it is hoped that he will "catch up" with other children by the time he enters school, be able to stay in school and become a contributing member of socitey.

Effectiveness

There have been several research reports[1] which indicate that the gains in the intellectual performance which a child makes in Head Start are lost after he enters first grade. There has also been a report[2] which has indicated that the gains in

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[1]Wolff, Max. Head Start six months later. Phi deta kappon. March, 1967, 349-350.

[2]Westinghouse Learning Corporation. The impact of Head Start. An evaluation of the effects of Head Start on children's cognitive and affective development. Ohio University. June, 1969.

Head Start programs are really very limited. These reports have helped lead to experimentation with different types of more structured daily activities programs in an effort to improve and sustain Head Start's impact. Many of these experiments are described in this kit of program descriptions.

Replication

Head Start is one of the easiest child development programs to replicate. The guidelines are complete and give suggestions for quality programming. The application, although sometimes confusing, will involve parents, community, and staff if it is followed correctly. The "Rainbow Series" (so-called because of the colors used on their bindings) of booklets which describes each area of program concern are listed in the reference section of this description.

The Community Action Agencies, the State Economic Opportunity Office, Regional Training Officers attached to state universities and colleges, and the Regional Offices of Child Development (HEW) can provide technical assistance to communities wishing to establish Head Start programs.

It should be noted, however, that Federal funds for Head Start have been cut. This makes creation of new programs difficult and, in some cases, it has been necessary to eliminate such excellent programs as the Head Start at Home Program in Raleigh County, West Virginia. (See Nutrition Section).

References

Applying for a CAP Grant. Community Action Program. U.S. Office of Economic Opportunity, Washington, D. C., August 1968.

Head Start Child Development Programs. A manual of policies and instructions. Office of Child Development. U.S. Office of Health, Education and Welfare, September, 1967.

Rainbow Series.
- #1 - The staff for a child development center
- #2 - Health services, a guide for project directors and health personnel
- #3 - Nutrition, better eating for a head start
- #4 - Daily program I for a child development center
- #5 - Volunteers in the child development center program
- #6 - Parents are needed, suggestions on parent participation in child development centers
- #7 - Daily program II, A manual for teachers. (prepared by Bettye M. Caldwell, PhD., Children's Center, Upstate Medical Center, State University of New York, Syracuse, New York)

#8 - Social services for a child development center
#9 - Equipment and supplies, guidelines for administrators and teachers in child development centers
#10 - Points for parents, 50 suggestions for parent participation in Head Start child development programs

Project Head Start, Office of Economic Opportunity, Washington, D. C.

7. Follow Through General Description
Washington, D. C.[1]

Follow Through was established to help make sure that children keep the gains they make in Head Start, Title I of the Elementary and Secondary Education Act, and other preschool programs. Funds were made available in the Economic Opportunity Act for Follow Through which is administered by the U. S. Office of Education in the Department of Health, Education, and Welfare.

Follow Through is run by the school systems, but Community Action Agencies and Head Start programs must be involved in the planning and operation of these programs.

Objectives

Follow Through has the basic objective of maintaining the gains made by children in preschool programs by providing quality elementary education.

Program Description

Follow Through is still an "experimental program", and each community is responsible for designing its own approach. Programs can incorporate new staffing patterns (including the use of nonprofessionals and volunteers in the classroom), new methods of teaching, new materials, and supportive services. Supportive services can include psychological, social and other services which are otherwise not present, or found to an inadequate degree in many schools.

The program starts at first grade during the first year and advances with the children to the second grade during the second year. The maximum at this time is three years or third grade.

Effectiveness

Follow Through programs have, in general, solidified gains made in Head Start.

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[1]Follow Through, U. S. Office of Education, Department of Health, Education, and Welfare, Washington, D.C. 20201.

Replication

Guidelines and additional assistance for Follow Through are available through the Regional Offices of the Department of Health, Education, and Welfare. However, because of the present experimental status of the program, funding is not generally available. It is possible to incorporate Follow Through guidelines and principles in any program which affects kindergarten and first grade children. It is especially important to consider "Follow Through" implications when planning any preschool program in a community. If early childhood programs are to be most effective, there must be continuity of program methods and principles from preschool to kindergarten and into the early grades. What this continuity will be and how it is attained represents a challenge to parents, public and private agencies, and the school system in each community.

Excellent descriptions of Follow-Through Program Models are available from the Office of Education.

References

Follow Through, U. S. Office of Education, Department of Health, Education, and Welfare, Washington, D. C. 20201.

Head Start Child Development Programs. A manual of policies and instructions. U. S. Office of Child Development, Department of Health, Education, and Welfare, Washington, D. C., September, 1967, p. 2.

B. EDUCATION PROGRAMS

1. HOME PROGRAMS

1. Infant Education Research Project
National Institutes of Mental Health, Washington, D. C.
Director: Earl Schaeffer, Ph.D.[1]

During the fall of 1965 a special tutoring program for infants was instituted in Washington, D. C. Although the target population in Washington was black children, the model could be applied to all children. Thirty-one boys under two years of age from low-income black families participated in this home tutoring program. The children were involved one hour a day, five days a week beginning at age fifteen months and continuing until age thirty-six months (the period of rapid language development). College graduates, possessing previous experience with young children and some knowledge about the inner city, were trained to provide an educational home visiting program. The tutors' training included lectures, observations of child-care programs, home visits, and a supervised pilot-tutoring experience.

The educational program emphasized verbal stimulation, and the development of positive and trusting adult-child relationships. Experiences included walks and field trips, reading, music and rhythm activities, and sensory-motor activities. Toys and art materials were also provided.

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[1]Project officer was Dr. Earl S. Schaeffer, Research Psychologist, National Institute of Mental Health, 5454 Wisconsin Avenue, Chevy Chase, Maryland 20203. Co-directors were Msgrs. Paul H. Furfey and Thomas J. Harte, Bureau of Social Research, Department of Sociology, Graduate School of Arts and Sciences, Catholic University of America, Washington, D.C. 20017. Support for the project was under National Institute of Mental Health Grant No. MH-09224-01.

Mothers were encouraged to participate in the activities with the tutors and the children in order to experience the way children learn.

At the end of the two-year program an attempt was made to place the children in nursery schools. The children were followed for some time after the project in order to determine any long-range effects of home tutoring.

Objectives

1. To promote normal intellectual development in disadvantaged infants through home tutoring.

2. To encourage positive relationships between tutored infants and their families.

3. To study the relationship between maternal behavior and the intellectual performance and task orientation of her child.

4. To develop an inexpensive program model which can be used as a child-oriented action program.

Program Description

The project "curriculum" and procedures evolved jointly out of staff research and experiences of the tutors (see References). Initially a tutor would use activities in a diagnostic manner to learn what needs the child had and what types of toys he enjoyed most. Later, she emphasized verbal interaction in all activities. Family participation was encouraged but not required. When parents and older children expressed interest, materials would be left in the home for them to use.

No additional services were provided. Efforts were made, however, to encourage family participation in Well Baby Clinics.

The most impressive aspect of the project was the way tutors involved young infants in talking, responding to pictures, learning new words, playing games, listening to stories read from books, coloring pictures, working simple puzzles and singing songs (see References). As the children grew older, activities were expanded to include making scrapbooks, and taking walks in the neighborhood. Sometimes an entire family would go on a short trip to a zoo or other

interesting place for children. Throughout the project each tutor tried to be flexible and spontaneous in her approach. Her goal was to provide a variety of pleasant experiences suited to the child's needs and abilities. Tutors avoided pressing a child to learn new things before he was "ready", although they worked with him in new and more verbal ways than did the members of his family.

This project should be relatively inexpensive to implement. The main expense is represented by staff salaries. One full time tutor (or part-time equivalent) for each four children enrolled is recommended. Resident nonprofessional mothers and high school girls could be used as tutors. Tutoring materials cost a total of $65.00 per child for the two-year period. (Materials cost less with each subsequent year of the program.) Each parent was paid $1.00 per tutoring session and $10.00 per testing session as an incentive to remain in the project for research purposes. Such expenses would not be necessary in a non-research oriented program. One full time educational supervisor (at the M.A. level) and a secretary for each 12 tutors complete the basic staff required for a tutoring program of this type. However, instituting a home tutoring program in a rural area where families are more isolated would mean the addition of sizable and necessary transportation expenses.

Effectiveness

Tutored infants ("experimental group") and a similar group of untutored infants ("control group") were tested at the ages of 14, 21, 27 and 36 months. At first, before tutoring began, the groups did not differ. Later, the 31 tutored infants showed a normal pattern of intellectual growth, whereas the 33 control group children performed significantly lower on the various developmental scales. The hypothesis that additional intellectual stimulation would produce higher intelligence test scores was confirmed by these results. Informal observations of changes in maternal behavior and in child's behavior and interests suggested that the home tutoring had many other effects that are less easily measured.

Analyses of the extensive data that had been collected on the experimental groups revealed significant correlations between variations in child care and the child's behavior and mental test scores at 36 months. Three clusters of interrelated variables were isolated from observations by the tutors - child neglect, maternal hostile uninvolvement and child hostile maladjustment. In addition clusters of of child task-oriented behavior and mental test scores were isolated from the testing materials. The clusters, the source of the data, and the elements of the clusters are given below.

Cluster	Observer	Elements
Child Neglect	Tutor	Left alone without care, inadequate day-care, irregular meals, inadequate clothing, sickness, accidents, beatings
Maternal Hostile Uninvolvement	Tutor	Lack of interest in the child's education, lack of verbal expressiveness with the child, low involvement, hostile detachment
Child Hostile Maladjustment	Tutor	Negativism, belligerence, irritability, negative affect
Child Task-Oriented Behavior	Tester	Object orientation, goal-directedness, attention span, cooperativeness, adequacy of the test
Mental Test Scores	Tester	Stanford-Binet, Johns Hopkins Perceptual Test, Preposition Test

The cluster of child neglect was highly correlated with the cluster of maternal hostile uninvolvement. Both child neglect and maternal hostile uninvolvement were significantly correlated with hostile maladjustment of the child. The tutors' observations of child neglect, of maternal hostile uninvolvement, and of child hostile maladjustment were significantly correlated with the mental testers' independent blind ratings of the child's low task-oriented behaviors and with the child's low mental test scores, which were also highly correlated with one another.

These data suggest that a syndrome of child neglect which is to some extent correlated with but probably more prevalent than the more highly publicized syndrome of child abuse, has significant correlations with child adjustment, task-oriented behaviors, and mental test scores at 36 months. If these findings can be replicated, they have major significance for future programs of prevention of physical, social, emotional, and cognitive deficits. The related findings that supplementary tutoring and the adequacy of maternal care have similar relationships to the child's task-oriented behavior and mental test scores at 36 months tend to increase the credibility of both findings. Although the subjects of this study were Negro, it is very probable that similar results would be found for other lower socioeconomic groups. Although the prevalence and degree of child neglect that was found here is less probable in middle socioeconomic groups, variations in maternal care that are related to child development would be found in all social groups.

Replication

The Infant Education Research Project ended in 1967, although follow-up study continued after that time. There is no current information concerning the availability of consultants. However, the project officer, Dr. Earl Schaeffer, may be contacted for further information. References available for this review include extensive descriptions of materials and procedures which could be easily adapted by staff with background in child care and early childhood education.[1]

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[1] A similar project has been done in Harlem. (Palmer, Francis H. Learning at two. Children, 1969, 16, 55-57. See Education Programs Component, Reference Materials). Two- and three-year-old Negro male children were tutored for one hour twice a week at an urban center. Every sixth session the child received a new "instructor". All tutoring was on a one-to-one basis. Half of the children received teacher-directed training in concepts. The rest were given similar materials but permitted to "discover" concepts for themselves while playing with the instructor. After eight months both groups of children were superior to untutored children in terms of intellectual, perceptual, motoric and persistence scores. A year later, even though tutoring was not continued, many of these differences were still evident. Concept trained children did learn how to follow instructions better than discovery trained children. Otherwise the significant factor for both groups was the affectionate, individualized relationship with a tutor who rewarded the child's learning efforts.

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_____ and Aaronson, May. Unpolished curriculum work papers. National Institute of Mental Health, Washington, D.C., August, 1966.

2. Institute for Development of Human Resources
University of Florida, Gainesville, Florida
Director: Ira Gordon, Ph.D.[1]

Ninety-five low-income mothers and their infants have participated in a once-a-week home instructional program since the summer of 1966. The program relies on fifteen parent educators who have introduced, by demonstration in the home setting, sequential stimulation exercises. The parent-educators are high school graduates; were unemployed or under-employed; and have had some experience with infants. They receive a five-week course before making home visits and a once-a-week in-service training program. The content of the course and in-service training deals with stimulation tasks, interview techniques, record keeping, observation procedures, and information about child development.

The stimulation procedure includes a series of sensory-motor, tactile, and verbal experiences that may be easily implemented by parents as part of their daily routine. The exercises are presented through toys and play materials in such a way as to make it possible for the parent to model his interaction with the child from the pleasant experience.

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[1]This program is headed by Dr. Ira J. Gordon, Director of the Institute for Development of Human Resources, College of Education, University of Florida, Gainesville, Florida 32601. Support is from the Fund for the Advancement of Education; Children's Bureau, Social and Rehabilitation Service, Department of Health, Education, and Welfare, PHS-R-306, PHS-R-306(01), and the National Institutes of Mental Health, Grant No. RO 1 MH 16037-01.

A second phase of the project began in July 1967 with eighty more families, with greater emphasis on locomotor development. Six new half-time parent educators were also hired for this phase.

Objectives

1. To determine if the use of nonprofessional parent educators can:
   a. enhance the development of disadvantaged infants and children;
   b. increase maternal feelings of personal worth and competence in prpviding educational stimulation within the home; and
   c. demonstrate the feasibility of employing disadvantaged women as primary agents in educational intervention with indigent families.

2. To learn more about the quality of home life experienced by infants and children in the rural impoverished population.

Program Description

Of major importance in this program was the selection, training, and ongoing role development of the 15 nonprofessional women hired as parent educators. The two-year project final report (see References) includes a refreshingly candid appraisal of the working relationship between professionals and non-professionals engaged in implementing the program. In brief, parent educators were obtained from a variety of sources and represented varied backgrounds. More Negroes than whites applied and were hired (a fact partially due to the relative proportions of Negro and white indigents in the area). Most of those hired had completed high school, had positive child rearing experiences with their own families, desired a change in the way disadvantaged children are reared, related well to adults, could learn new behavior patterns and could fill out forms and records correctly. All had to have reliable transportation. Beginning salaries were approximately $3000 a year. Presently, experienced parent educators earn $4000 or more a year.

Annual per child cost is estimated at $300-$400/year, depending upon distances and the case load of the parent educator.[1] Costs include salaries, materials, transportation

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[1]Ira Gordon, personal communication, 2-9-70.

and supervision. Families receive no compensation or supplementary services (e.g., medical, health, nutrition).

The parent educator role is extremely demanding in this program. She helps to plan as well as carry out the intervention procedures and to collect data used in program evaluation. Training of parent educators was accomplished by: (a) an initial, intensive five-week training course dealing with the stimulation exercises to be taught and procedures for interviewing, observing and record keeping; (b) continuing in-service training whereby after four days in the field, a fifth day was spent in staff meetings discussing problems, planning and learning about community services available to families in the program.

Training of indigent mothers in the program was accomplished during the first two years by regular visits once a week to the home. The parent educator, using a manual (see References) prepared by the principal investigator and his staff, taught the mother to use the series as play activity with her child as a part of their daily routine. Although it was assumed that the child benefitted from patient, loving contact with the mother even if no "learning" occurred, great effort was made to train the parent educator (and thereby the mother) to present activities sequentially and in terms of each infant's readiness for the activity.

The overall program continued for a two-year period until all children in the sample were approximately two years of age. Subsequently, a program incorporating continuing parent education and group experiences twice a week for the children (two-three years old) in a "backyard center" has been added.[1] Parent educators, in their expanding roles as parent and child educators, serve as the backyard center director with the mother in whose home the center is located serving as a paid assistant.[2] Where formerly the parent educator was supervised by a graduate student, graduate students now perform special tasks in the backyard center under the supervision of the parent educator. The role of the experienced parent educator is a crucial one in the continuous process of development, dissemination and evaluation of materials and procedures for working with mothers and children from infancy into the early school years.

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[1]Costs of this program run approximately $500/child per year (Ira Gordon, personal communication, 2-9-70).

[2]Rooms for backyard centers are located on a temporary basis in homes, or in apartment units through arrangements with the housing authority.

Effectiveness

Evaluation of the first two years of parent education indicated the following results: (a) At the end of the first year, children who entered the project at three months of age were developmentally superior to children whose mothers did not receive training. (b) After two years, children who entered the project at the age of three months or 12 months and whose mothers correspondingly were trained for two years or one year, were superior to controls in terms of developmental test scores and performance on series materials. (c) Children who entered the project at three months and whose mothers received only nine months of training were no longer superior to the control group at the end of two years. In general, the pattern of scores on the developmental scales used indicated verbal skills lagged behind motor skills.[1] However, the overall results indicated that the use of parent educators did enhance the development of children in the study.

These findings suggest that efforts to train mothers in the use of stimulation activities may begin after the child is a year old and still have significant impact. Also, training efforts begun when the child is less than a year old apparently must be continued through the second year of life in order to have a sustained effect.

There was evidence that mothers improved in terms of personal adequacy as a result of training. However, most mothers continued to evidence orientation toward external control, whereas the parent educators showed a significant change over time toward internal motivation.

The investigators discovered a wide range of child care practices among this indigent sample. Illness occurred much more frequently in these children than in more advantaged groups. Over half of the children were being reared in fatherless homes. It was concluded that the least effective homes were those headed by a single woman who had never married.

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[1]One group of mothers (N=80), enrolled in 1967, were taught to use activities stressing locomotor development by six part-time parent educators hired expressly for this program aspect. The purpose of this program variation was to assess whether the type of activity (cognitive versus locomotor) makes a difference in developmental progress. Results indicate that the type of activity is not important. Systematic, planned and specific activities, regardless of theoretical framework, appear to have equally positive effects upon development during the first year of life.

Attrition was a problem encountered especially during the early months of the program. Of 276 families selected initially, only 192 remained in the study, representing a 30% reduction in sample. Perhaps as the result of program effectiveness, very few families dropped out during the second year.

In addition to considerable program data indicating the workability of the parent educator model, the state of Florida created the position of "child development trainee" in its merit system as a direct result of this project. Project staff have been involved in the development of Head Start Follow Through programs in eleven cities and in the design of two Head Start planned variation programs in Florida. Wide distribution of the manual of stimulation activities has caused some concern regarding its use outside the structure of the total program but has left no doubt as to its appeal to other programs and to middle class housewives.

Several limitations and weaknesses have been pointed out by those within and outside the program. Its primary focus upon parent education without provision of the health, medical, nutrition and welfare services desperately needed by some families appears somewhat self-defeating. Some mothers, although willing to participate, were unable to do so because of their overwhelmingly negative living conditions. In contrast, many of the parent educators, as a result of stable income and training, were able to rise above a marginal economic existence.

Participation by a working mother in this type of program would be very difficult. Its procedures need to be extended to mothers in more advantaged circumstances and to personnel of all kinds who are charged with full day care of very young children.

A basic problem yet to be solved in this program is the tendency of mothers (and to a degree, of parent educators) to use the stimulation activities in a rigid and overly business-like manner. Mothers tended to see the activities as "tests" rather than open-ended learning and discovery "experiences." Children of mothers receiving training did not appear to progress as expected in overcoming their fear of new experiences.

Replication

At present, there are ongoing programs at the Institute for Development of Human Resources which incorporate the parent education model for infants, toddlers, two- to three-year-olds and for preschool through second grade. Plans for expansion

include a proposal (see References) to establish a research, development, demonstration and training field laboratory to coordinate these programs. This laboratory would include a home learning center, infant program and public school facility. In addition to continuing the development of materials and procedures, it is anticipated that parent educators would function as a cadre of trainers for program participants and personnel from across the country seeking field training experiences. Dr. Gordon has expressed special interest in making present and proposed facilities available to programs in the Appalachian region.

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Jester, R.E. and Gordon, I.J. (Eds.) Proceedings of the young child: Florida's future. Institute for Development of Human Resources, College of Education, University of Florida. June 16-17, 1967. (booklet).

3. A Mobile Preschool
Beverly Hills, California
Director: Rosella Lipson

A remodeled Econoline Supervan in Beverly Hills has made it possible to bring the classroom to the home for preschool children who would otherwise have transportation problems that would prohibit participation in a preschool program.

The van carries all of the equipment necessary for a nursery school program - from a sink for a doll corner to building blocks to musical instruments to table and chairs for a book display. This traveling preschool has the potential of providing experiences for children of migrant workers, and for visiting teachers or nurses in rural areas as well as part of a home visit program in urban locations. Because the van makes maximum use of one teacher and utilizes equipment readily available commercially, it is easier to replicate than many other models.

Objective

To bring classroom experiences to the home for preschool children with transportation problems.

Program Description

Normal nursery school play is encouraged as special toys are delivered to the children who are gathered in small groups.

Effectiveness

Many children in the Los Angeles area have enjoyed the program. No formal testing has been carried out.

Replication

The low cost of this project makes it attractive, though more investigation would have to be conducted as to cognitive or social-emotional gains of children. Mrs. Lipson was receptive to the idea of site visits upon appointment. Inquiries should be made to Dr. Elenora Petersen, El Camino Community College, Natural Sciences Building, Torrance, California: (213) 324-6631, Ext. 244.

4. Preschool Education Project
Appalachian Educational Laboratory, Charleston, West Virginia
Director: Ray Alford, Ph.D.[1]

The Child Development Program of the Appalachian Educational Laboratory, located in Charleston, West Virginia, is a home-oriented program for 3-, 4-, and 5-year-olds. Approximately 150 children in a four-county area (Fayette, Mercer, Raleigh, and Summers) have participated in the full three-pronged program.

The curriculum is aimed at the development of language and reading readiness skills of preschool Appalachian children. It is unique in that it is designed for three different delivery systems. First, a one-half hour television show is prepared for five mornings each week. The program is followed by a weekly home visit from a paraprofessional which may last from 30 minutes to 2 hours, and by another weekly visit from an early childhood education teacher in a mobile van. The van is really a fully equipped portable classroom. From 12 to 15 children gather at one location for this unique "follow-up" to the television lesson.

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[1]Dr. Benjamin E. Carmichael is Director of Appalachia Educational Laboratory. Roy W. Alford, M.A., is the Early Childhood Education Development Specialist for the Early Childhood Education Program, Appalachia Educational Laboratory, P. O. Box 1348, Charleston, West Virginia 25325. Support for the Early Childhood Education Program is provided by the U. S. Office of Education, Department of Health, Education, and Welfare.

For example, the curriculum unit on making body image discriminations suggests:

(1) moving body selectively
(2) identifying parts of own body
(3) identifying and organizing parts of model bodies.

The television program translates these directions in the following way:

(1) Child identifies parts of his own body
    a. touches various parts of body on verbal command
    b. names parts of his own body while simultaneously touching them.

(2) Child moves his own body selectively
    a. moves various parts of body independently (or in combinations) on verbal command
    b. balances on toes, or both feet.

The Mobile Classroom teacher could:

(1) Play the game Simon Says, i.e.,
Simon says touch your head.
Simon says bend your knees.

(2) Play game with model of the boy that Patty (T.V. girl) introduced on television. The teacher would have the children use complete sentences. ("This is a hand").

(3) The children could listen to a musical selection and move their bodies as the music stimulates them.

(4) The teacher should have action pictures on the tackboard. These would show people in various positions - walking, sitting, running.

(5) Teach the song, Bend and Stretch; this would have been sung on the television lesson. A copy of the words would be sent to mobile unit teacher.

(6) Finger paint - using fingers, elbows, wrists, fists.

The Home Visitor would suggest that the parent:

(1) Look for pictures (magazine, books, family photographs) that show people using different parts of the body. Child and parent can play a game with these by:

a. Asking the child to name parts of boy using complete sentences, i.e., "This is a hand."

b. Parent asks, "What can you use your feet for?"

c. Parent asks, "With which part of the body could you throw a ball?"

(2) Other children or parents may play follow the leader with the child.

(3) Ask the child to tell him the part of the body he is using when working or playing. This could be done at various times during the day, i.e., child is putting on shoes.

Parent: Which part of the body is bending?

Child: I am bending my knees.

(4) The child may color the pictures of the boy. (The picture may be sent to him from the Lab).

The home visitor should stress that the child always use complete sentences when answering questions.

The staff consists of eight paraprofessionals who are hired from the community in which they work. In addition, there is a teacher and one aide for the van. Dr. Roy Alford of the Appalachian Regional Laboratory is the general supervisor and director of the program.

Training for the eight paraprofessionals, who must be at least 20 years old and have a high school diploma, a driver's license, and a car available, consists of a three-week session at the Appalachian Educational Laboratory. In the past, an instructor in early childhood from the National Laboratories and a specialist in sensitivity training from Psychodynamics were the trainers. They presented basic techniques of early

childhood education, and instructed the aides to be aware of many facets of working with the child in his home. Dr. Alford has followed through on these sessions by conducting weekly seminars in the Beckley, West Virginia, field office.

This television program and its unique double follow-up operates during the school months.

The research which has accompanied this program shows that the television program followed by both home visitation and mobile classroom instruction is very beneficial, although the additional cognitive reinforcement from the mobile van seems insignificant. Further studies are being carried out to determine the social effect of the mobile classroom.

Objectives

The objectives of the Appalachia Educational Laboratory Early Childhood Education Program include:

1. The development of a delivery system for preschool education which would be both effective and economical in the Appalachian region.

2. The development of an educational program which would provide preschool Appalachian children with language and readiness skills equal to those expected of the average first grade child.

Program Description

The most important aspect of the AEL program is that it uses television, home visitors, and a mobile classroom.

Television Program. The television program lasts for a half hour each day, five days a week. It is broadcast over a commercial television channel and is called "Around the Bend." It concentrates on teaching recognition of letters, numbers, sizes, and shapes.

Home Visitors. Home visitors in the program go to the homes of the children on a weekly basis. They talk with the mother, encourage both her and her child to watch the television program, discuss any questions that arise, and present additional material the mother and child can work on together.

Mobile Classroom. The mobile classroom is 8' X 22' and is mounted on a two- and one-half ton truck chassis. The whole unit is called the "TraveLab." It is a complete classroom, including materials and supplies. The TraveLab connects to electric power sources at various locations such as schools and churches where the teacher holds 90-minute sessions with groups of children once each week. The purpose of the TraveLab is to provide the children with group experiences and to extend the impact of the television and home visitor material.

Materials for this program were developed specifically for use in Appalachia. This includes both the television programming and the materials used by the home visitors. The television program, for example, uses cartoons based on the words that are the easiest for children to grasp. It is anticipated that children who participate in the program will be able to enter first grade with the readiness and language skills required of the average first grader.

The staff of the AEL program varies according to the duties performed. The production and on-camera staff for the television program are experienced professionals as are the teachers for the mobile classrooms. The aide in the mobile classroom is a nonprofessional as are the home visitors. The home visitors' education ranges from eighth grade to two years of college. They were chosen for their ability to relate to the mothers and children with whom they would be working and were trained to use the specific materials involved in the program.

One of the purposes of the AEL Early Childhood Education Program was to develop methods which areas with limited resources could afford. For that reason, it is important to look at costs. There was approximately $68,600 spent in background research and developing objectives. During the year of field testing, the following represents total costs for providing the various components, including money for developing each:

Television Component	$150,680
Home Visitation Component	53,165
Mobile Classroom Component	58,709

It is important to remember that the above costs include developing the materials. The chart on the following page shows the AEL estimated costs for the program components for 25,000 children using the already developed materials.

Estimated Annual Costs for Operation of
Early Childhood Education Program
in Eight-County Area for 25,000 Children

Program Component	Basis for Estimate	Total Cost	Per Pupil Cost
Television	Equipment acquisition and installation and personnel and consultant time.	$137,628	$5.50
Home Visitation	668 paraprofessionals and other personnel requirements. Also field office facilities and travel for home visitation.	$2,740,565	$109.62
Mobile Classroom	167 mobile classrooms and equipment. 1,670 power connections; field office; and mobile classroom operation and maintenance. 167 mobile classroom teachers and aides and other personnel time.	$3,655,725	$146.23
	TOTAL	$6,533,918	$261.35

Effectiveness

There were 450 children included in the sample evaluated by the program: 150 children had television, home visitor and mobile classroom; 150 children had television and the home visitor; while 150 had television only. In general it seems that the program met its basic objectives in gains in verbal expression and cognitive growth as well as maintaining the children's interest.

Cognitive growth was defined as the child's ability to recognize numbers and symbols correctly and to make associations. It is important to note that there was no significant additional

advantage to having the mobile classroom for cognitive growth. That is, the children who had television and the home visitor did as well on the tests as did those who also had the mobile classroom. It is also noted that the children who had only television did better than those children who were not in the program at all.

The above findings are taken from the first-year report of what is intended to be a three-year study. For that reason, caution should be used in basing program decisions upon this initial evaluation. Although it appears that an effective program could be run based on television programs and home visitors alone, no assessment of the TraveLab's effect on social development has been done. More study is needed to determine what the small group experiences added to the program's overall effect.

Replication

The AEL was established to develop programs which are tailored to the Appalachian area. To meet this goal, consultants and program development people are available to work with communities. In addition, the AEL has stressed "educational cooperatives" which bring school districts together to provide programs which a single district is unable to provide. They have done this with driver education and vocational information in eastern Kentucky. The AEL Early Childhood Education Program was designed to be the type of program which could be used by several school districts or some other type of regional organization. This is especially true of the television programming which would be economical only if it is shared in order for enough children to see it to make it economical.

Invitations have been extended to visit the Early Childhood Education Program in West Virginia, and the staff of AEL would be pleased to visit with communities which are interested in the program. The AEL has prepared a paper entitled "Prospectus for Incorporating the AEL Preschool Education Program in the ARC Comprehensive Child Development Program." This paper outlines ways in which the two can be coordinated and implemented by regional groups.

References

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5. Toy Lending Library
Far West Laboratory for Educational Research and Development
Berkeley, California[1]

The Parent-Child Toy Lending Library is based on the appeal of toys for both parents and children. Although it could exist independently, it is designed to be a part of a larger program. It is aimed at the parents of children in Head Start and Follow Through, but it has also trained Head Start and Follow Through teachers in the use of educational materials.

Objective

The objective of the Parent-Child Toy Lending Library is to stimulate the intellectual growth of children by training mothers to use educational materials at home.

Program Description

The Parent-Child Toy Lending Library is a center where toys are displayed within easy reach of children. Included are a wide variety of educational materials, puzzles, and games. One unique item is an electric typewriter on which children can learn words and even write their own stories. The materials are all described in both pictures and words in handout materials.

Although teachers have been trained in the Library, its most important use is training mothers whose children are not in Head Start or Follow Through to use the toys and materials at home. The mothers are enrolled in a class - 15 mothers and one teacher/librarian - which meets for two hours a week for ten to twelve weeks. In a nine-month period parents of 90 children can be reached by this approach.

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[1]John Hemphill is the Director of the Far West Laboratory for Educational Research and Development. Address: 1 Garden Circle, Hotel Claremont, Berkeley, California 94705. The Laboratory is a public nonprofit organization supported in part as a regional educational laboratory by the U.S. Office of Education, Department of Health, Education, and Welfare.

These classes teach the mothers about a child's thinking ability, how he feels about himself as a person, and how to use the toys. The mothers take the toys they have learned to use home with them and use them with their children. The mothers can continue to use the Library after the class is finished.

Effectiveness

No data on the effectiveness of the program were available for review.

Replication[1,2]

Since the Library is operated by one of the national laboratories, materials describing the toys and the classes are probably available. Consultation and site visits are also probably possible. Inquiries should be directed to the Far West Laboratory.

References

Helping children have more and better opportunities to learn. Far West Laboratory for Educational Research and Development, 1 Garden Circle, Hotel Claremont, Berkeley, California. (brochure).

Parent-child toy lending library: A product to improve opportunities to learn. Far West Laboratory for Educational Research and Development. (brochure).

Teaching and learning topics to help children have better opportunities to learn. Far West Laboratory for Educational Research and Development. (brochure).

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[1]This program is an outgrowth of studies on "responsive-environment" preschools. See additional reference materials on the Far West Laboratory for Educational Research and Development (Education Program Component).

[2]For information on a similar but home based program used by a family service agency, see the program description, "Toy Demonstrators," in the Welfare Programs Component.

6. Verbal Interaction Project
Mother-Child Home Program, Freeport, New York
Director: Phyllis Levenstein, Ed.D[1]

Phyllis Levenstein, like Earl Schaeffer, sought to foster the verbal skill and hence, cognitive development of 33 two- and three-year-old children from low-income families by encouraging their mothers to talk and play with them. In contrast to Schaeffer, however, Mrs. Levenstein supplied her home demonstrators with a carefully prepared kit of materials, which she calls the Verbal Interaction Stimulus Materials kit (VISM).

The VISM consists of a toy chest and 28 commercially available toys and books carefully chosen for their verbal, perceptual, conceptual, and motor stimulus properties and are of increasing complexity. In her initial study, one gift from the kit was demonstrated and presented to the mother and child at each of the 32 visits which were made over a period of 7 months.

Each of the toy demonstrators served as a model for the mother in verbal interaction and encouragement of verbal interaction with the child. She conveyed to the mother respect

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[1]This program is known as the Verbal Interaction Project of the Mother-Child Home Program. Dr. Phyllis Levenstein, Ed.D., is director of the project. Her address: Mother-Child Home Program, 30 Albany Avenue, Freeport, New York 11520. Funding for this program is from the Family Service Association of Nassau County, Inc., Mineola, New York 11501, and the Children's Bureau, U.S. Department of Health, Education, and Welfare, Child Welfare Research Project R-300.

for her importance in this project, and related this to the child's future school development. The mother's needs and the life style of the family were primary considerations in all arrangements. For example, home visits were made only at a time of day acceptable to the mother. The toy demonstrator's role was clearly to "demonstrate," not to "teach," by showing the mother the verbal possibilities of the materials through playing with the child and positively reinforcing his motivation and verbal behavior.

To do this the Toy Demonstrator emphasized overall verbal categorization and

(1) gave information (labels, form, color, size);

(2) described her own toy manipulation (building, matching);

(3) elicited responses (questions);

(4) verbalized social interaction (invited, directed);

(5) encouraged reflection (questions);

(6) encouraged divergence (independence, curiosity);

(7) engaged interest in books (fostering "representational competence" by eliciting verbalization about illustrations);

(8) gave positive reinforcement (verbal support, helping).

Further, the Toy Demonstrators treated the mother as a colleague and drew her into the play, the demonstrator taking a secondary role as soon as she could. She also encouraged the mother to play and read with the child between home sessions.

The outcome of the experiment suggests not only that environmental enrichment can raise the verbal intelligence of the children, but that the children's mothers can be effective agents of such intervention. In addition, the researchers have noticed positive changes in the mothers' self-esteem, children's psychosocial behavior, and mothers' child-rearing practices.

Objectives

The Toy Demonstrator Program has both short and long term goals.

Short term: To increase conversation and communication between mother and child by using toys and books.

Long term: To help the mother become more effective in guiding the cognitive and intellectual growth of her child.

Program Description

Toys and books are objects which people can hold, feel, and understand. They were chosen as the basis for this experimental program. In the beginning of the Toy Demonstrator Program, the toys and books were taken into the homes in a public housing project by Toy Demonstrators who are trained social workers. After the first year of the program, the social workers trained and supervised nonprofessionals to take the materials into the homes. Half of the nonprofessionals were from low-income families and had been program mothers the year before. An orientation program was held as well as weekly training and supervisory sessions.

The Toy Demonstrators work with only one mother and child pair at a time. (Each Toy Demonstrator visits about ten homes per week.) They demonstrate with the child how to use the toys and books. The mother watches and learns from the Toy Demonstrator.

The children are encouraged to tell about the color, size, shape of the toys, to tell what the toys are used for, to ask questions about them, to think of other uses for the toys and what happens when they are used in a different way, and to have a general conversation about a lot of different things

with the Toy Demonstrator. The Toy Demonstrators get the children interested in books by making the pictures exciting.

The following is a list of some of the toys used by the Toy Demonstrators:

block cart	house puzzle
hammer and pegs	number concept board
mail box	two toy telephones
transportation puzzle	tambourine
hand puppets	xylophone
school bus	barn

After the Toy Demonstrator has demonstrated the material, the mother takes over. She is encouraged to do what she has seen the Toy Demonstrator just do and to improvise on her own. The mother is also encouraged to play with her child between sessions with the Toy Demonstrator. At all times, the mother is the focus for the lasting effects of this program. She is the one who must take the responsibility for the educational development of her child.

Family counseling has been added to the original Toy Demonstrator Program. The Toy Demonstrators, when they are in the home, are in a position to listen to the mother's problems and to offer counsel. However, the main emphasis in this program is to build up a mother's confidence in her ability to solve her own problems through training her to be an effective teacher of her child.

Effectiveness

The data available for the Toy Demonstrator Program indicate that it is a carefully designed program that achieves its objectives. For example, the I.Q. scores of the children were raised by 17 points after seven months of the program. It is assumed by these investigators that these tests indicate the type of increase in verbal ability which the program was designed to accomplish.

When the children who had taken part in the program were divided into groups of those who had gained the most in I.Q. and those who had gained the least, it was noted that the group which had gained the most did more of the following: asked more questions, responded with answers to questions, started conversations, talked about the books being read, played with the materials, cooperated, helped, started activities, shifted attention appropriately from one thing to another, demonstrated joy and pleasure, and talked about being pleased.

New studies are being planned to see whether the gains made in the Toy Demonstrator Program last through the early grades of school. A study on family mental health is also being planned.

Replication[1]

Complete material about the Toy Demonstrator Program is available, including a list of the toys and books used. Both the training program for the Toy Demonstrators and consultation are probably available, thus reducing the cost of initiating this program in another area of the country. A manual of program operation is presently being prepared and would be valuable to any group interested in the Toy Demonstrator Program. Dr. Levenstein has expressed strong interest in helping programs who wish to use this approach and she should be contacted directly.

References

Levenstein, Phyllis. Cognitive growth in preschoolers through stimulation of verbal interaction with mothers. Paper delivered at 46th Annual Meeting, American Orthopsychiatric Association, April 2, 1969. Freeport, New York: Family Service Association of Nassau County, Inc.

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_____. Fostering the mother's role in the cognitive growth of low-income preschoolers: A new family agency function. Paper presented at the National Conference of Social Welfare, New York City, May 27, 1969. Freeport, New York: Family Service Association of Nassau County, Inc.

_____. Individual variation among preschoolers in a cognitive intervention program in low-income families. Paper presented at the Council for Exceptional Children, Conference on Early Childhood Education, New Orleans, Louisiana, December 12, 1969.

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[1]For information on a similar program, see program description, "Toy Lending Library" in this section (Far West Laboratory for Educational Research and Development).

Levenstein, Phyllis, et al. Double intervention materials and Raw Test Data. Supplement to November 1968 Progress Report, Mother-Child Home Program, 1967-1968. Family Service Association of Nassau County, Inc., Freeport, New York.

_____. Toy Demonstrator's "Visit" Handbook. Freeport, New York: Family Service Association of Nassau County, Inc., 1969

Levenstein, Phyllis and Sunley, Robert M. Aiding cognitive growth in disadvantaged preschoolers. Freeport, New York: Mother-Child Home Program of the Family Service Association of Nassau County, Inc., November, 1968.

Levenstein, Phyllis. Stimulation of verbal interaction between disadvantaged mothers and children. American Journal of Orthopsychiatry. Vol. 38, I, January, 1968.

7. Ypsilanti-Carnegie Infant Education Project
Ypsilanti, Michigan
Directors: David Weikart, Ph.D. and Delores Lambie, Ph.D.[1]

The Ypsilanti-Carnegie Infant Education Project is another home teaching program for both mother and infant. Unlike Levenstein who used social workers, former participants, and volunteers from the community, or Schaeffer who used college students, Weikart's interveners are public school teachers. These teachers are committed to starting in infancy to prevent the intellectual deficits commonly found in children from disadvantaged populations. The infants are phased into the program at 3, 7, and 11 months.

Like Levenstein's Toy Demonstrators, Weikart's school teachers express genuine interest in the mother and what she is doing with the child, especially as it relates to language, motor development and cognitive growth. The mother is helped to become aware of the infant's development in each of these areas by learning to observe her child closely. She is also encouraged to respond to the child as each small step of growth takes place.

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[1]Principal investigator of the Perry Preschool Project, the Preschool Curriculum Demonstration Project and the Ypsilanti-Carnegie Infant Education Project is Dr. David P. Weikart, President, High/Scope Educational Research Foundation, 126 N. Huron, Ypsilanti, Michigan 48197. These projects receive support from the Ypsilanti Public Schools, the Michigan Department of Public Instruction, the U.S. Office of Education (ESEA Title III) and the Carnegie Foundation.

The teachers visit in the home for one hour each week. Mother and infant might sit around a table on which a few toys or colorful objects have been placed. The infant may sit in an infant chair or on his mother's lap, depending on his age. Props for these "lessons" are comparatively simple in relation to those gathered for two- or three-year-olds, and an entire lesson may consist of the mother maniuplating colorful objects from one side to another of the infant's line of vision, or jingling keys or other noise makers. Mothers are encouraged to talk to and look at their babies during these exercises. The talk becomes more directive as the baby grows old enough to respond to the language. It is then that the mother begins to classify and categorize for the child.

Teachers take a broad range of specific roles, though the method of operating will vary with each mother. They may be reinforcers, activity directors, casual friends, or information givers and seekers.

The Ypsilanti model is another home-based program for infants which has shown success with the children and met with enthusiasm from their mothers. This program offers a method for providing structured instruction within a family-care program.

The Ypsilanti Perry Preschool Project, from which this model grew, is described in detail in the Education section, Early Learning Centers.

Objectives

(1) The first objective of this program is to aid the child's language, cognitive, and motor development. Preventive programming must start earlier than current preschool efforts since the essential framework for intellectual growth is completed by age three.

(2) Preventive intervention has unusual potential for success when provided as a home teaching program for both the mother and her infant. The key element is that the mother stimulate and support the infant's growth. To aid the mother in her role as teacher is the second objective of this program.

Program Description

The project staff found that most mothers of the infants could be placed in one of four categories evolved as a result of past home teaching programs (Weikart and Lambie, 1968). These four types require somewhat different teaching patterns and definitely provide a range of home teaching conditions.

(1) A few mothers have a good understanding, usually intuitive, of their children's needs and have already established a growth-encouraging relationship. These mothers receive extensive support in what they are doing.

(2) Most of the mothers want to do what is best for their infants, but they do not know how to go about it. These mothers receive specific consultation from the teacher including ideas, demonstrations, and information.

(3) Some mothers are not involved with their infants and see their children as "slow" or different in some way. A mother from this group demands to know what is wrong; then, if the problem can't be easily solved, she prefers to ignore the child.

(4) Some mothers seem to provide detrimental assistance to their children, as everything they do with the baby seems to go wrong. The mothers react to these difficulties by becoming punitive, treating the infant with detachment, or showing overwhelming concern.

These last two groups of mothers need considerable assistance in developing an equilibrium in child rearing. The teacher constructs, through carefully related educational activities, a responsive relationship between mother and child. She supports the vital interest the mother had in the child by helping her achieve success in some activity with the baby.

The home teaching centers about the three major developmental steps in a child's educational growth: language, cognitive, and motor. All of the activities in the cognitive area were accompanied by specific language referents. Familiar commands were included: "Put it in..." "Give it to me..." "Show me..." More structured language activities included naming of familiar objects in pictures with the baby imitating the mother. There are three major goals of the language program:

(1) Vocabulary development;

(2) Combination of words into longer utterances, with regard to both production and comprehension; and

(3) Awareness and exploitation of language as communication.

The cognitive activities with accompanying language fell into four categories:

(1) Release activities
   a. Passing objects around
   b. "Give it to"
   c. Putting blocks in a can
   d. Putting shapes through appropriate slots

(2) Activities for imitation
   a. Block banging
   b. Peek-a-boo
   c. Picture naming
   d. Mirror play

(3) Object permanence
   a. Finding toy behind a screen
   b. String-operated jack-in-the-box
   c. Finding toy given more than one screen

(4) Stacking activities
   a. Nesting small cups
   b. Stacking blocks
   c. Nesting cans
   d. Stacking graduated rings

Motor activities could consist of practicing walking or working with objects to develop fine muscle control.

Effectiveness

After intervention, the infants' performance in the mental sub-test was significantly (p 2.05) above the level which might be expected on the basis of their chronological age, even though they performed, on the average, below (though not significantly below) their respective level before initiation of the project. On the motor sub-test, the results are not as clear. At the end of the project the sample was performing at a level essentially equal to that expected on the basis of their chronological age even though again they were below that level (though not significantly so) at the time of the pre-test.

The researchers themselves agree, finally, that the process of a teacher, a mother, and an infant getting ready to learn together is even more critical than what is actually done. Although the teacher can be equipped with "expertise" and a specific set of exercises, the human relationship established between teacher and mother and, in turn, mother and child, is the essential condition for any educational growth. This included great persistence by the teacher in focusing the mother's attention on the educational problems at hand. The teacher must be absolutely flexible in lesson plans in order to meet the mother halfway in whatever direction is necessary to help her focus on her child. A teacher must blend the needs of the mother with the needs of the infant in such a way as to maximize the learning opportunity for both. Using a baby's table-banging as the occasion to introduce "bang bang" vocalizations to accompany the thumping would be an example of "making do" within a real teaching situation.

Replication

Many families, particularly those who have seen older children ill-prepared for the school experience, are willing to accept infant education. Drs. Weikart and Lambie believe that the job at hand is to do this effectively. They are willing to assist communities with materials and training.

References

Ypsilanti-Carnegie Infant Education Project Progress Report. Ypsilanti, Michigan. September, 1969.

SAMPLE: HOME VISIT LESSON PLAN

	MOTHER	CHILD (11 months of age)
GOAL Terminal Behavior for Acceptable Performance	Mother's awareness of baby's interest in finding lost objects	(visual pursuit and permanence of objects) Baby follows object thru complete disappearance
CONDITIONS (activity)	1) Hiding toy under one of two screens to stimulate following a hidden object 2) Hiding toy under one of two screens alternately to stimulate following and finding a hidden object without returning to original position of screen	
TECHNIQUE	Verbalize purpose of activity providing mother with possible responses from baby	1) Place 2 cans on table -- hide favorite toy under one stimulating looking under to find it. 2) Hide toy first under 1 can then alternate with other can to stimulate finding toy without returning to original position
ACCEPTABLE PERFORMANCE (specifically)	Observing activity, acknowledging Teacher's comments on baby's performance	1 & 2) Will immediately follow and pick up appropriate can retrieving toy
ACTUAL PERFORMANCE	Mother surprised when baby lifted each can until he found toy -- asked Teacher how she thought up these activities	1) Baby immediately began knocking down and grabbing can but not aware at first that toy was under it. After 2nd attempt, immediately grabbed for can to retrieve toy -- repeated this several times. 2) Baby immediately grabbed for appropriate can, retrieving toy
Teacher INTERVENTION		
TRENDS & RECOMMENDATIONS	Mother interested and involved, will see if she relates any similar activities during next session	Teacher actually watched baby increase skill in retrieving toy from appropriate can -- will provide more experience in this area

SAMPLE: HOME VISIT LESSON PLAN

	MOTHER	CHILD (11 months of age)
GOAL Terminal Behavior for Acceptable Performance	To realize need to stimulate baby in new developmental areas	To develop imitation of sound patterns and to use direct action to maintain interesting inputs (development of imitation and causality)
CONDITIONS (activity)	1) Repeat infant's familiar sound patterns while he's looking in mirror 2) Repeat infant's familiar sound patterns into a container	
TECHNIQUE	1) Discuss purpose of new activity area 2) Join in activity to modify language, if necessary	1) Hold mirror in front of baby -- repeat sounds baby makes -- if silent, make familiar sounds to induce imitation of same from baby. 2) Holding can against mouth, Teacher vocalizes familiar sounds then hands can to baby for imitation.
ACCEPTABLE PERFORMANCE (specifically)	Mother performs language activity	1 & 2) Baby imitates sounds and/or returns can or mirror to Teacher to repeat activity
ACTUAL PERFORMANCE	1) Teacher had left mirror on kitchen table after going into living room -- mother noticed mirror commenting, "We didn't show him this" and brought mirror in showing it to baby -- she tried to encourage baby to look at self saying, "there's the baby see the baby;" also told how he became intrigued with a friend's full length mirror talking and playing with his image. 2) Mother observed activity quite excitedly as baby directed his responses to teacher.	1) Grabbed mirror excitedly, pushed face toward it smiling -- non-verbal at first then began vocalizing for few seconds but more excited breathing rather than vocalizing -- kept grabbing mirror pushing it away then close again. 2) Pushed can against face without producing sounds -- handed can to teacher for continuation of activity -- repeated this several times.
TEACHER INTERVENTION	Teacher joined in mirror activity producing familiar baby sounds rather than words mother was using -- mother picked up teacher's style and continued activity	

B. EDUCATION PROGRAMS

2. EARLY LEARNING CENTERS

1. The Academic Preschool

The Institute for Research on Exceptional Children
University of Illinois, Champaign, Illinois
Directors: Carl Bereiter, Ph.D. and Seigfried Engelmann, Ph.D.[1]

No current preschool program has aroused more heated controversy than the one developed by Bereiter and Engelmann at the University of Illinois in 1964. The program is aimed at developing language, reading, and arithmetic skills of preschoolers. The controversy centers about the carefully structured curriculum for which a script is prepared. The teacher aims a verbal barrage at the five or six preschool children seated around him. The children are encouraged to "yell" responses in this fast-paced, active dialogue. In the film, "From Cradle to Classroom," Seigfried Engelmann demonstrates and explains his techniques. Some critics wince at Engelmann's "harsh" tactics. However, Dr. Engelmann has found them to be effective and has not seen any ill effects on the emotional development of the children. In fact, they seem more apt to tackle difficult tasks than their peers who have not been exposed to the Bereiter-Engelmann technique.

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[1]Dr. Carl Bereiter and Seigfried Engelmann developed the academic preschool program at the Institute for Research on Exceptional Children at the University of Illinois. Presently Mr. Engelmann is developing training and instructional materials in association with Dr. Wesley C. Becker of the University of Illinois. Their address: Engelmann-Becker Corporation, P.O. Box 2157, Station A, Champaign, Illinois 61820. Funding for this program has been primarily from the U.S. Office of Education Cooperative Research Program.

The Bereiter-Engelmann program grew out of some common sense observations about the education of disadvantaged children. Disadvantaged children are not viewed as being "less intelligent" or "developmentally retarded" but as having failed to learn certain language skills which they need for success in school.' During the six preschool years middle class children are acquiring language tools as a natural part of development, disadvantaged children spend the same amount of time acquiring inappropriate language patterns. Although they learn to communicate desires and commands, they aren't taught to use language as a learning tool. While the middle-class child is taught to say such things as, "Mommy, read the book to me," clearly, his disadvantaged counterpart typically hears and repeats the same sentence as one "giant word" - "Re-hi-bo." When the disadvantaged child reaches school he cannot relate his imprecise language style to the highly differentiated system used by his teacher and advantaged classmates.

Thus, for even a four- or five-year-old to "catch up" to middle-class children during a few hundred hours of preschool, a crash program of language remediation is necessary. Bereiter and Engelmann argue that disadvantaged children can learn as well as any other children provided their teacher knows what and how to teach them. "Well-rounded" traditional nursery schools (which were designed for middle-class children) will not work for disadvantaged children because they allow little

or no time for the direct teaching of language. The academic preschool was designed to teach linguistic skills as rapidly as possible. In addition, Bereiter and Engelmann assume that a skillful teacher can foster healthy emotions and attitudes through learning activities just as well as through play experiences.

The initial academic preschool program enrolled fifteen Negro and white four-year-old disadvantaged children. On the basis of initial intelligence testing, children ranging from high to low I.Q. were selected for the research phase of the program. No child was admitted who was unable to give any verbal response to items on a verbal ability test. An advantaged group of children also received Bereiter-Engelmann instructions. The major hypotheses tested in the original demonstration studies were that (a) disadvantaged children would acquire language skills at or above the normal level for advantaged children, and (b) middle-class children would achieve more as the result of direct instructional methods than from less structured programs.

Objectives

1. To develop effective use of language, such as complete sentences, identity statements, polar concepts, prepositions, positive and negative instances and if-then deductions.

2. To learn basic color concepts.

3. To develop the ability to sound out and read simple materials; to distinguish words from pictures.

4. To develop the ability to count to 10, to 20, and to 100 by tens with assistance; to perform addition, subtraction, multiplication, algebra and word problems by counting operations; to distinguish numerals.

5. To develop the ability to apply information to new situations; to attend to tasks and to develop interest in the intrinsic process of learning.

6. To increase self-esteem and confidence through tangible academic achievements.

Program Description

The academic preschool is organized as a two- or three-hour half-day program. The essential curriculum consists of three twenty-minute periods of direct instruction in language, reading and arithmetic. Each of the three teachers specializes in one of these subjects. Children are grouped according to their abilities in each subject with four to seven children in a group. These twenty-minute periods are interspersed with semi-structured activities consisting of IMA art and music (designed to develop curriculum skills), readiness activities, writing, and a juice and toilet period. The preschool includes a large classroom area and three small rooms for direct instruction. Toys and games are limited to those which facilitate curriculum goals. There is no large motor or climbing equipment or purely "expressive" art materials.

The Bereiter-Engelmann program differs most from other structured preschools in the narrowness of its curriculum and in the methods used by its teachers. The instructional program is "scripted," that is, each lesson has a step-by-step format resembling the program of a teaching machine. A Bereiter-Engelmann teacher directs a group of children through rapid-paced, highly regimented activities with the gusto of a cheer-leader. Interaction is almost totally verbal and loud. This approach is well suited to a warm and verbally aggressive male teacher, which may simply reflect the method's origins.

Activities are paced as fast as possible. Within each ability group the teacher directs her efforts at the level of the lowest performing child to insure that everyone can answer correctly each time. She does not present new material or assume a concept is mastered unless the children can use it correctly. New concepts are presented one at a time with many more examples than is customary in early education. The teacher constantly tells the children that they are smart and that they can do things.

Rules for behavior are developed as part of the total focus on learning. Activities are called "work." Children are rewarded with food or praise for answering correctly and for "working hard." Incorrect answers are immediately corrected but not punished. Inattention and misbehavior result in loss of privileges, verbal scolding, additional work, and isolation. Few behavior problems occur after the first week of an academic preschool. There is no time for them!

A teacher employs a number of effective attentional devices during small group activities. The children are gathered closely about her. She may have a chalkboard at hand in addition to other objects and materials. The children are called upon to recite and perform constantly. They react animatedly and competitively in such a setting. Children especially enjoy catching the teacher in a "mistake" (fooler games), sudden changes of pace, variation in the loudness of her voice and the injection of challenges, surprises and humor. These attentional devices are deliberately programmed into lessons and make it possible for a skillful teacher to maintain a work and task orientation throughout the twenty-minute direct instruction period. Because of these factors, a challenging and responsive human teacher is essential to the Bereiter-Engelmann method despite its programmed aspects.

The Bereiter-Engelmann instructional program materials may be summarized as follows:

Language Children are taught a "minimum instructional language," i.e., one which a child can use to identify, describe and classify objects by means of identity statements ("this is a ___," "this is not a ___"). Lessons progress to usage of tense variations, action verbs, conditional and conjunctive statements and the description of complex objects and events.

Arithmetic This program includes work on basic number concepts. Through the use of simple counting operations, children are taught to add, subtract, multiply and perform simple algebra and word problems.

Reading Unlike most preschool programs, the Bereiter-Engelmann method specifies the teaching of reading as a curriculum objective. Using a modified version of the Initial Teaching Alphabet (ITA), children are taught to spell and blend words phonetically. As soon as possible children read stories based upon words they have learned. Stories are taken home after they are mastered as a reward for achievement.

The academic preschool requires three teachers for every fifteen children. A curriculum supervisor or advisory consultant is needed to see that teachers follow the scripted instructional programs and carry out other activities according to program objectives. Preservice training is required in the use of materials and the organization of daily program activities. Bereiter and Engelmann found that persons trained in higher (more structured) education were better suited for this method than traditionally oriented preschool teachers. No program costs are available in the materials reviewed. The complete DISTAR I series in language, arithmetic and reading (teacher manual, materials and work sheets for ten children for one year) presently costs about $360.

Effectiveness

After two years in the academic preschool, children made greater gains on the Stanford-Binet and Wide Range Achievement Test than a disadvantaged comparison group. Academic preschoolers were functioning at an above average intellectual level. By the time they entered first grade they had achieved nearly a second grade level in reading, arithmetic and spelling. The most noticeable characteristic of these children was their confidence in tackling difficult tasks. There was no evidence that the experiences had overstressed them or induced negative emotional reactions. Parents were highly impressed when they found their four- and five-year-olds could read. These children still differed in many respects from middle-class children, functionally and culturally. However, they did use the preschool language patterns spontaneously among themselves when not engaged in actual learning exercises.

A modification of the academic preschool significantly improved the reading and spelling skills of a group of middle-class children over the level attained by other advantaged children attending a Montessori preschool. This finding confirms Bereiter and Engelmann's argument that all children can benefit from their direct instruction methods.

Although parent involvement is not incorporated specifically in this program, Bereiter and Engelmann endorse it. Weikart (see References) incorporated home visitation in a Bereiter-Engelmann preschool with considerable success. Parents had some difficulty using the reading materials because of the ITA format but were able to use language and arithmetic materials effectively.

The Bereiter-Engelmann preschool model has been extensively compared with other preschool programs. In general the findings suggest that the academic preschool is superior to traditional preschools and some structured models in producing significant

intellectual growth and achievement in young disadvantaged children. Bereiter and Engelmann have concluded that programs such as Head Start must focus upon specific language skill training and enroll the child for at least two years to be effective.

Replication

The best detailed presentation of the rationale and methods of the academic preschool is found in the book co-authored by Bereiter and Engelmann in 1966.[1] It should be kept in mind that the narrow, rigid focus of the original academic preschool was dictated by the need to demonstrate the efficacy of this approach in its "pure" form. Considering that these methods were developed to provide language remediation for five- and six-year-olds, it may be that programs which intervene much earlier and continue throughout preschool can use a less focussed approach. However, the later a disadvantaged child enters a preschool program, the greater his need for direct instruction of this type.

It would be possible to include the Bereiter-Engelmann instructional programs within a full day preschool which provides many other aspects as well. These materials could be used to provide special instruction in one or all areas for individual children with specific learning problems. The programmed nature of the Bereiter-Engelmann curricula lends itself to such adaptations provided their underlying rationale is understood and applied consistently within the total program.

Requests for further information and materials should be referred to the Engelmann-Becker Corporation (see References).

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2. The Ameliorative Preschool

Department of Special Education and Division of Child Development
University of Illinois, Champaign, Illinois
Merle B. Karnes, Ed.D.[1]

The Ameliorative Preschool was developed by Dr. Merle Karnes and her associates to provide an optimal learning environment in which disadvantaged children can acquire those emotional attitudes and language abilities related to school success. These investigators were dissatisfied with programs which had been developed for children with learning problems and the lack of family participation in such programs. They argued that learning proceeded best when a child could clearly distinguish what he knew from what was to be learned as a new skill. In addition, they believed learning was fostered by repeated experience or practice in which the child was highly motivated. To insure a child's motivation, a teacher should present material which is optimally challenging (to insure success rather than failure) and give immediate feedback to the child about the correctness of his performance.

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[1]Merle B. Karnes, Ed.D., is Co-Director of the Leadership Development Training Program for Administrators of Preschool Centers for the Disadvantaged, Department of Special Education and Division of Child Development, University of Illinois, Champaign, Illinois 61820. The Ameliorative Preschool was developed by Dr. Karnes at the University of Illinois Institute for Research on Exceptional Children in collaboration with Audrey S. Hodgins, James A. Teska and Dr. Samuel A. Kirk. Funding for this program was from the U.S. Office of Education, Bureau of Research, Grant 5-1181, Contract No. OE 6-10-235. The leadership training program is supported by the U.S. Office of Economic Opportunity.

The target population for the Ameliorative Preschool was urban, Negro and white, and consisted of families identified by public assistance agencies and the public school system as economically and educationally disadvantaged. Ameliorative methods were originally developed and evaluated using 15 four-year-olds in a one-year pre-kindergarten program. These children ranged from high to low intellectual ability at the time they entered the program. Modifications of the ameliorative approach were subsequently devised for three-year-olds and for toddlers taught by their mothers.

Research accompanies the operation of the Ameliorative Preschool. The major study was conducted to determine the effectiveness of the ameliorative approach in comparison with four other preschool models which vary in terms of curriculum structure and teacher-child interaction. These four curricula were assumed to represent a continuum ranging from least to most structure and least to most verbal interaction: a) Traditional (stress upon permissive, child centered experiences designed to further personal, motoric and general language development); b) Community-Integrated (similar to Traditional but with emphasis on social class as well as racial integration; disadvantaged children are provided with advantaged peer language models); c) Montessori (structured in terms of sensory experiences, but little stress upon verbal teacher-child interaction); and d) Direct-Verbal (Bereiter-Engelmann: narrow focus upon highly structured direct teaching

of verbal skills). The Ameliorative program was assumed to lie between the Montessori and Direct-Verbal programs in terms of structure and teacher-child interaction.

Additional research done by this group of investigators has determined if disadvantaged mothers and other nonprofessionals can be trained to utilize the ameliorative procedures effectively.

A mother-infant stimulation program was also included in these studies.

Objectives

1. To determine what type of classroom intervention is most effective with preschool disadvantaged children.

2. To determine how long preschool intervention must be maintained to sustain its positive effects upon development.

3. To determine how early preschool intervention must begin to successfully offset learning disabilities assiciated with disadvantaged environments.

4. To determine if positive development can be fostered by disadvantaged mothers and nonprofessional teachers in preschool programs.

5. To develop a specific ameliorative program which incorporates instruction in the processes measured by the Illinois Test of Psycholinguistic Abilities (ITPA); and

   a. provides learning experiences appropriate to a child's current level of ability.

   b. paces and sequences learning experiences so that new learning occurs rapidly.

   c. develops motivation for continuing learning experiences.

Program Description

The original Ameliorative Preschool was a half-day (2 1/4 hours) program held five days a week for a seven- to eight-month period. The curriculum specifies instruction in

mathematics, language arts, social studies, science and music. This program is similar in its high degree of structure and stress upon verbal skills to the Academic Preschool developed by Bereiter and Engelmann[1] (also at the University of Illinois). However, its curriculum covers more subjects. Program emphasis is on the amelioration of specific learning deficits and the building of positive motivation toward learning.

The theory of psycholinguistic functioning upon which the curriculum is based uses a computer model to describe five basic processes: a) understanding incoming information (decoding) a child receives from its environment; b) determining relationships between information received and internally stored information (association); c) integration of information as a result of thinking (closure); d) expressing thoughts and ideas which result from internal information processing (encoding); and e) storing or retaining information for future use (memory).[2]

Children are taught in groups (based upon ability) of five in small cubicles during twenty-five-minute instruction periods. Subjects are presented in a game-like manner to avoid having the children fall into a pattern of rote repetition. Contrary to the Bereiter-Engelmann and other structured approaches, each group stays with the same teacher who provides instruction in all subjects. These investigators assume this arrangement facilitates the development of motivation and transfer of learning. During less structured activity periods (music and directed play with visual-motor toys) children are free to form their own peer groupings. Similar to the Academic Preschool, this program specifically excludes outdoor large motor development equipment and the usual preschool dolls, housekeeping toys, cars and trucks from its preschool environment.

Within small groups, teachers work on the basis of individual profiles derived for each child from a battery of intellectual and linguistic tests. Instructional materials are also designed to permit further diagnosis of strengths and deficits in communication and information processing as a child advances in the program. A teacher gives immediate reward for correct responses and necessary information and assistance when a child makes errors. Initially, manipulative

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[1]See "Academic Preschool" program description immediately preceding this.

[2]These processes are measured in children by the Illinois Test of Psycholinguistic Abilities (ITPA).

and multisensory materials (e.g., Frostig) are used to aid visual-perceptual development. Gradually stress is placed upon verbal expression and the use of books and other written materials. The teacher provides opportunities for children to apply what they have learned in new situations.

The following represents a brief summary of the three basic instructional programs developed within this preschool model:

Mathematics: Number concepts, seriation, recognitions of shapes, counting, understanding equivalent and non-equivalent sets, concepts of quantity, and beginning addition and subtraction are taught.

Language Arts and Reading Readiness: Naming and identification of objects, the sequencing of events, logical relationships, time concepts, causality, short- and long-term recall, fine visual-motor coordination, appreciation of books, left to right progression, association of stories to pictures, vocabulary and exposure to the rhythms and syntax of formal English are stressed in this area. (Reading readiness rather than learning to read is stressed.)

Social Studies and Science: Vocabulary, classification and categorization of objects, sensory discrimination skills, understanding of natural phenomena and units on self, family, home and community (e.g., weather, plants, animals, vehicles, time, seasons) are all presented within this section of the curriculum.

As may be seen from this brief outline, many areas of the curriculum overlap. In some areas, a unit approach is used to organize the presentation of subject matter.

The Ameliorative Preschool requires one teacher for every five children. Both professional and nonprofessional staff may be used, but supervisory needs are greater with the latter type of staff.

Information on costs can be obtained by writing the Project Director.

The group training of mothers to stimulate the intellectual development of their infants costs approximately $500 per mother-infant pair for a seven-month period. These costs were based on twenty mother-infant pairs and included part-time staff salaries, materials and baby sitting subsidies of $3.00 per family per session. The classes were held in a public facility.

Infant Component

There was also an infant education component included in the work by Dr. Karnes. She, too, believes in the importance of working with children under three, and she trained mothers to work with their infants. Further information on this program is available from Dr. Karnes.

Effectiveness

Research done on the Ameliorative Preschool is extensive and of great interest. After one year of this program, four-year-old children taught by the Ameliorative and Direct-Verbal methods made the greatest gains in intellectual, linguistic, perceptual and number readiness functioning compared to children in the other three programs. After a second year, in which all children except those enrolled in the Direct-Verbal program experienced a regular kindergarten curriculum,[1] only the Direct-Verbal group continued to show significant gains on intelligence and language tests. Both the Direct-Verbal and Ameliorative groups were highest in number readiness and the Ameliorative group scored highest on general readiness. After all children completed first grade, the Ameliorative and Direct-Verbal groups were higher in terms of general and mathematical achievement test scores. None of the five groups differed any longer in intellectual and linguistic functioning, however, which was due to the fact that the Direct-Verbal and Ameliorative groups had regressed or not gained in these areas after they entered school.

The general conclusion was that more verbally structured programs produce the greatest gains, especially in those areas where they place the most stress. However, the effects of regular kindergarten and first grade erase some of these impressive preschool gains.

Using a modified ameliorative approach with three-year-olds over two years, the investigators found that they made no greater gains than four-year-olds experiencing a one-year program. It appears that children may be started as late as four years of age in the Ameliorative Preschool with no ill effects, provided they continue to receive this training on into the early grades.

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[1]The Ameliorative group received some ameliorative instruction each afternoon following kindergarten, whereas the Direct-Verbal group continued for a second year and did not enter regular kindergarten classes.

A number of interesting studies were done on the effects of parent involvement. While it was found that group training of mothers in stimulation techniques promoted the intellectual development of infants and older children not enrolled in preschool, a similar effort to train mothers of children enrolled in the Ameliorative Preschool resulted in no greater gains than those produced by the classroom experience alone. One reason for this apparent "failure" of mother training may be the infrequent visits to the homes made by training staff. Reliance upon a group method with little individual follow-through is really not consistent with the basic premises of the ameliorative approach. This approach may have encouraged laxness in the mothers who assumed the preschool would do a good job with their children anyway. Other structured programs which have shown involvement of the mother to be an effective device have usually worked intensively with her at home with the child present over a long interval of time. Karnes and her associates did find that group meetings were a powerful means of helping mothers change their outlook on themselves and engage in important self-help activities related to family planning and community involvement.

It has been demonstrated in this infant program that an adequately supervised nonprofessional staff can produce the same results as a professional staff in the Ameliorative Preschool. However, disadvantaged teenage staff were more difficult to supervise, less committed to the program, poorer language models and information resources for the children and less responsible than disadvantaged adult staff. Recruitment of nonprofessional staff was fairly effective when a nonprofessional staff member who understood the program's objectives and knew the persons applying for the job served as a recruiter.

On the basis of these studies, Karnes argues that parent involvement in preschool intervention programs is important, especially in terms of the long range development of the child. She sees similarities between involvement of disadvantaged parents and involvement of parents whose children have other (physical and mental) handicaps. In both cases, siblings and parents can be trained to interact in positive ways with the young child in its most formative years. For this reason, involvement of parents as teachers, not just as aides or volunteers, is viewed as the best means of training them to help themselves and their children.

Replication

The breadth of the research, demonstration and training programs carried out by Dr. Karnes and her staff recommends this group as a resource for those seeking to establish effective preschool programs. There is considerable material available on the Ameliorative Preschool curriculum including program guides for each subject area. References used for this review include interesting details on the group training program for mothers.

Inquiries regarding this program should be addressed to Dr. Karnes at the University of Illinois.

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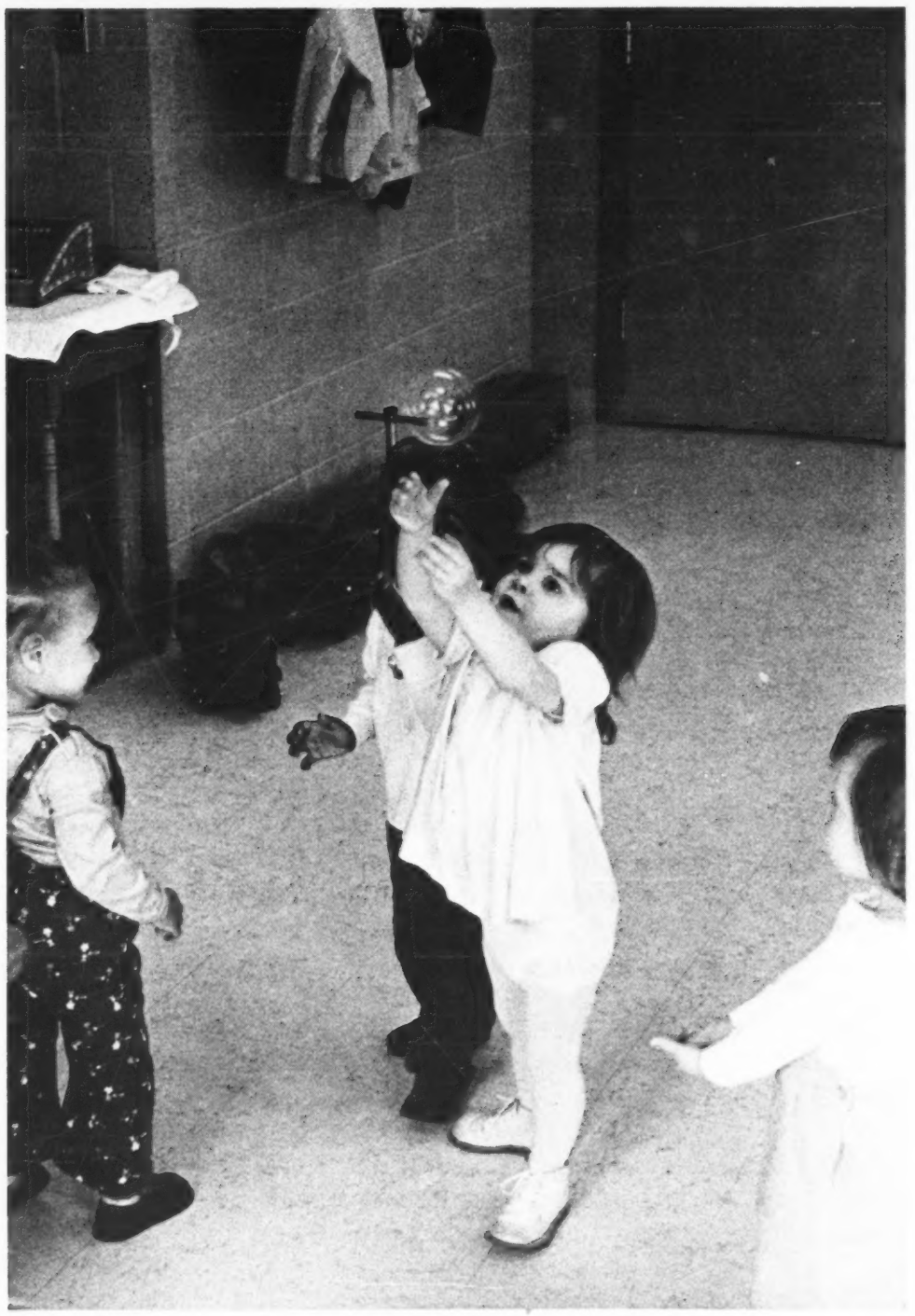

3. The Children's Centers
Santa Monica Public Schools, Santa Monica, California
Director: Docia Zavitkovsky, Ed.D.[1]

Supported by school district and state funds, these day care and after school programs serve children over 22 months of age whose mothers are working. Each of the four centers is located on the grounds of or near a public junior high school, and child-care instruction for junior high school and college students is included in the programs of the centers.

Mothers purchase service on an hourly basis, with fees adjusted to income and obligations. Children can arrive as early as seven in the morning and can stay as late as six o'clock in the evening. School age children are enrolled within walking distance of the centers and go to and from school from the center. A varied, scheduled, but relatively instructional play and socialization program is offered to the children, who are grouped by age. In addition to the preschool program and meals, a school nurse is available daily, and social work services are provided the families by a family service agency working with the centers. Psychiatric and medical consultation are provided by the county, and emergency services are available through the local United Fund.

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[1]Information may be obtained from Dr. Zavitkovsky at the above address.

Staff are provided at a ratio of one to each five of the children over four years of age, and at a ratio of approximately 1:3 for those younger than four.

An active parent education program has been constructed to meet the needs of several groups of parents. For those at full time employment the Centers arrange weekend family picnics at which discussion and presentation of materials are built into an essentially social event. For mothers who are in part-time training or employment, classes are conducted by adult educators provided by the school district and the community college. A special program for unemployed Spanish-speaking mothers brings them to one of the centers weekly with their children for instruction, play, and discussion groups.

These day care programs have been supported by state funds in California for over a quarter century. Called "Children's Centers", they are optional programs of public school systems. The Santa Monica centers are an outstanding example of the coordination of local resources to provide a high quality, low cost day care program.

Objectives

1. To provide high quality day care for the children of working mothers.

2. To provide psychiatric and medical consultation where needed.

3. To coordinate child care with child care instruction for junior high, high school, and college students. It should be noted that junior high school students

are particularly effective with young children. At the same time, caring for young children seems to be fulfilling for junior high students.[1]

4. To coordinate local resources and thereby provide quality day care at a minimum cost.

5. To coordinate preschool education with elementary education.

Effectiveness

These centers were begun during World War II when many mothers returned to work. They are state supported and have provided exceptionally high quality services since their inception. Parents in California, and especially in Santa Monica, feel fortunate to have their children enrolled in a Children's Center.

Replication

Communities would have to convince local and state officials of the need for programs of this type. It would then be necessary to do a thorough public relations job to convince the taxpayer that preschool centers are a sound, cost-beneficial public investment. Thirdly, it would be necessary to work with the State Board of Education and/or local boards of education and officials of other public agencies to coordinate the available resources.

A statewide service such as that operating in California is a sensible model educationally and economically. Dr. Zavitkovsky can advise communities who wish to organize such an effort.

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The Children's Centers, Santa Monica Public Schools, Santa Monica, California, and the Department of Education, State of California.

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[1]See "High School Courses for Future Parents" in the Special Needs section of this manual.

4. Perry Preschool Project
Ypsilanti Public Schools, Ypsilanti, Michigan
Director: David P. Weikart, Ph.D.[1]

One of the most extensively researched preschool programs for disadvantaged children, the Perry Preschool Project began in Ypsilanti, Michigan, in 1962. From its inception, this was a school district sponsored project. Not only has it demonstrated an effective structured approach to preschool education but it has shown the importance of using highly trained and effectively supervised teachers in programs for disadvantaged children. Weikart has argued, for example, that the poor school achievement record of disadvantaged children is due not just to their lack of academic skills but to correspondingly ineffective teaching methods on the part of school teachers.

Enrollment in the preschool program has been limited to three- and four-year-olds from semi-rural areas who are found to be both "disadvantaged" and "educably mentally retarded." Successive groups of such children, Negro and white, have entered the project over a six-year period, remaining one to two years until they are old enough to enter kindergarten.

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[1]Principal investigator of the Perry Preschool Project, the Preschool Curriculum Demonstration Project and the Ypsilanti-Carnegie Infant Education Project is Dr. David P. Weikart, President, High/Scope Educational Research Foundation, 125 N. Huron, Ypsilanti, Michigan 48197. These projects receive support from the Ypsilanti Public Schools, the Michigan Department of Public Instruction, the U.S. Office of Education (ESEA Title III) and the Carnegie Foundation.

Preschool classes are held for three hours each weekday morning. During the afternoon, teachers make home visits to enlist the mother in the teaching of her child. Occasional parent group meetings of a more social nature are held for mothers and fathers. In this way a learning center approach and a home-based program approach complement each other.

The present curriculum is based primarily upon the developmental theories of Jean Piaget, a Swiss psychologist. Techniques of "verbal bombardment" and sociodramatic play are also used to enhance the basic approach. According to Piaget, a child learns through active involvement with its environment. Intelligence develops through a series of stages in which a child learns to see relationships between himself and objects, to group and order objects and events and to use symbols to represent objects and relationships. The advantage of the cognitively oriented curriculum is that it not only specifies the skills to be learned, but it indicates the intermediate steps through which a child can be helped to achieve these goals.

Objectives

1. To develop an effective cognitive curriculum which promotes academic achievement among disadvantaged, functionally retarded preschool children (Perry Preschool Project).

2. To involve the parent in the educational process of the child.

3. To demonstrate the effectiveness of the cognitive curriculum in contrast to the Bereiter-Engelmann and traditional, unit-based models (Preschool Curriculum Demonstration Project).

4. To replicate this program model and disseminate its findings to the education community as well as the general public.

Program Description

The goal of the cognitive curriculum is not to provide enrichment experiences but to teach those skills which are prerequisites for continuing cognitive or intellectual growth. Intelligence consists of logical and abstract processes whereby a child acquires knowledge about himself and his world. Instruction in this program parallels the sequence of developmental levels through which a child moves from a concrete to an abstract way of thinking:

Object Level: The child can identify and name objects.

Index Level: The child understands object permanence and relationships.

Symbol Level: Pictures, art and dramatic play represent objects to the child.

Sign Level: Printed words represent objects to the child.

The cognitively oriented curriculum emphasizes four content areas:

Classification: Learning to group objects on the basis of attributes such as color, shape, size and function.

Seriation: Understanding gradations of quantity and quality such as big - little, hard - soft, many - few.

Temporal Relations: Learning to use time concepts accurately such as beginning - end, first - last, if - then, before - after, days - week.

Spatial Relations: Use of position, direction and distance concepts relating to oneself and other objects.

It is assumed that children will experience the above content areas in two basic and overlapping levels of operation.

Motoric: The younger, less mature child must first experience objects and concepts through physical manipulation ("sensory-motor intelligence").

Verbal: With maturity and active experiences, a child internalizes the manipulating process so that he can plan, evaluate and recall events in words and symbols ("conceptual intelligence").

Equipment and materials found in a cognitively oriented preschool classroom are similar to those used in the ordinary nursery school. The classroom is divided into four distinct activity areas: large motor, small motor, housekeeping area and art area. Grouping of children is done in a flexible, activity-related manner. Within each area there is great emphasis upon verbal interaction between teacher and child. Language patterning techniques (Bereiter-Engelmann) and "verbal bombardment," a technique in which the teacher maintains a steady stream of questions and comments designed to focus the child's attention on specific events, are used to help children develop cognitive abilities in each of the content areas.

To encourage the children to plan and carry out their own activities from alternatives made available by the teacher, the daily schedule includes "planning time," "work time" and "group meeting for evaluation." These experiences, combined with sociodramatic play, round out the curriculum and help develop attention span, ability to plan, and positive mental and social attitudes.

Lesson plans provide excellent illustrations of activities planned according to Piagetian theory. For example, during juice time, a favorite nursery school activity, teachers help children learn labels for the real objects (cup, juice) they are using and to perform grouping operations in terms of color and shape. In another activity period, children learn to associate the names of food objects to pictures and more abstract representations of these objects. Emphasis upon planning and sequencing might lead to a supermarket expedition where the children would follow a self-made plan to shop for food items in a logically determined order.

Weekly home visits help the teacher develop activities suited for each child which can be done at home. Home visits usually last 90 minutes. Activities based upon the cognitive curriculum are stressed. The teacher helps the mother find materials already in the home which can be used in working with the child. Because her understanding of the child's individual needs is greatly increased, the teacher benefits from these visits as much as the mother and child. A major contribution of this project is the amount of material detailing the role and methods of home visiting teachers (see References).

The basic staff required to implement a cognitive preschool for approximately 32 children includes: a curriculum supervisor and program supervisor knowledgeable in Piagetian theory and methods, four teachers (two per classroom of 16 children) and two nonprofessional aides (one per classroom). Teachers in this program are certified in elementary education, speech correction and/or mental retardation and have considerable prior

teaching experience. Considerable preservice training is needed to implement the curriculum appropriately. Supervision is continuous, supportive and challenging. A significant portion of time is devoted to planning and evaluation. Teachers have high expectations of success for the children and are highly committed to the theory and methods they use.

Costs for space and materials ran about $5,500 during the 1966-1967 program year. Total program expenses including salaries brings per child annual cost to $1,000 - $1,500.

Effectiveness

Follow-up studies of the Perry Preschool Project have shown that children who attended this preschool scored generally higher on intelligence and school achievement tests during the early grades than similar children without preschool experience. Few other preschool projects have shown such sustained differences in school achievement. The Preschool Curriculum Demonstration Project has shown after two years that all three program curricula (Bereiter-Engelmann, Cognitive and Traditional, Unit-Based) were equally successful in producing high intellectual gains in their pupils. This finding was surprising until the staffing pattern in each program was examined. In all three preschools, teachers worked within a highly structured approach which stressed verbal interaction with the children. Supervision was specifically focussed upon helping the teacher achieve her program's goals. All teachers were highly committed to their approach and spent considerable time planning and evaluating. All programs used home visits, although the specific "techniques" used varied among programs. Weikart has concluded on the basis of this evidence that the curriculum is really for the teacher rather than the child. If the curriculum is challenging, has a broad base and carefully specified goals, it helps the teacher focus and evaluate her efforts, Thus, the particular ideology behind a preschool curriculum is less important than the kind of format it represents for teacher effectiveness.

As a result of these projects with three- and four-year-olds, the Ypsilanti-Carnegie Infant Education Project was begun in 1968 to employ public school teachers to visit homes one hour a week to work with mothers and their infants. This program does not follow a manual or "scripted" approach such as developed by Gordon. Individualized objectives are to improve the mother's teaching style, language style, child control techniques, and ability to tutor her child. A pilot study with seven families showed that infants performed significantly higher on mental tests after only six months of home visits than comparable infants whose homes were not visited. This program is described in more detail in another section of this manual.

Replication

The cognitively oriented curriculum is being replicated as part of the national Head Start Planned Variations and Follow Through programs in New York, Mississippi, Florida, Wyoming, Colorado and Washington. In 1970-1971 training in implementation of the cognitive curriculum will be offered to Head Start Education Directors in addition to extensive ongoing field training now conducted by the High/Scope Educational Research Foundation. One of the most troublesome problems associated with training efforts is the fact that highly qualified and thoroughly trained and supervised teachers have generally been the only ones able to carry out the cognitive curriculum according to theory and established methods. It is questionable whether nonprofessionals with minimal teaching experience and background in educational theory can successfully assimilate this curriculum. It is certain that highly skilled supervision of a cognitive curriculum staff is necessary but hard to provide.

Requests for consultation or site visits should be addressed directly to Dr. Weikart in Ypsilanti. A detailed description of the Perry Preschool Project curriculum will be published by the National Association of Education for Young Children (NAEYC) and the Educational Research Information Clearinghouse (ERIC) in the fall of 1970. Video tapes and other descriptive materials have also been prepared on the cognitive curriculum at its present stage of development.

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5. The Demonstration and Research Center for Early Education George Peabody College for Teachers, Nashville, Tennessee Director: Susan Gray, Ph.D.[1]

What are the times and places that affect a child's ability to learn? It was from this question that the Demonstration and Research Center for Early Education - DARCEE - evolved at George Peabody College for Teachers in Nashville, Tennessee. The Center, established in 1966, has a three-pronged program of demonstrating, research, and training designed to develop effective methods for educating urban and and rural disadvantaged preschool children. The materials which have been developed are relevant, however, not only to children we have called "disadvantaged," but to all children.

Demonstration

At present DARCEE serves about sixty low-income children in three demonstration programs: 1) two Early Training Centers where 40 children receive 3 1/2 hours daily of special training, 2) an Infant Stimulation Project with approximately 12 babies, and 3) a Home Visitors Program focusing on about 10 children. Considerable work has been done on refining the methods used by the preschool teachers and the home visitors. DARCEE includes

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[1]DARCEE's Director is Dr Susan W. Gray, Box 151, George Peabody College for Teachers, Nashville, Tennessee 37203. DARCEE is a unit of the John F. Kennedy Research Center in Education and Human Development at Peabody College and a component of the National Laboratory on Early Childhood Education at Urbana, Illinois. Funding is from the U.S. Office of Economic Opportunity and the U.S. Office of Education.

both home-based and center-based programs. Because of this diversity, DARCEE is a valuable resource for materials for day care and for materials for home-based programs.

Research

Research related to these demonstration programs is the second important phase of DARCEE activities. Early studies have indicated that involvement of the mothers is a critical factor in the success of preschool programs. There were also indications that program effects diffused downward within participating families and outward into the neighborhood. That is, participating mothers become involved in teaching their younger children and "spreading the word" about the importance of early education to other mothers whose children had not been included in the Early Training Project. Subsequent work at DARCEE has dealt with documenting these diffusion effects and devising ways of maximizing them, especially within the family.

The two Early Training Centers were established close to housing areas, one on the Peabody campus adjacent to an all-Negro urban housing project and another in a rural white poverty pocket about 30 miles from the Peabody campus. The concentration of program participants in the housing projects further enabled the study of the diffusion effect.

The facilities provide structured educational experiences for preschool children and their parents in various intervention

studies, in-service training for Peabody students and personnel from other programs, resources for data on child behavior and teacher effectiveness and proving ground for materials and procedures as they are developed by DARCEE staff. One-way mirrors in all classrooms permit observation by visitors and staff alike without interfering with the ongoing program.

Training

A third major function of DARCEE is to provide training facilities for early educators who work directly with children. From two to three hundred persons each year, predominantly from the southeastern states, receive some kind of training here to increase their skills in working with children, particularly those children who come from economically, socially, or intellectually impoverished backgrounds.

Objectives

1. To develop aptitudes for school achievement in preschool children, including:
   a. perceptual and sensory skills (attention, discrimination, relating)
   b. conceptual skills (abstract thought, classification, sequencing)
   c. language and response skills (verbal expression, small motor skills)
2. To develop positive attitudes towards school achievement in preschool children, including:
   a. persistence in completing challenging tasks
   b. interest in school-like activities

c. interest in long range goals

d. identification with adult achieving role models

3. To develop interest, skills, self-worth and competence in mothers in terms of interacting in more achievement oriented ways with their preschool children.

4. To develop procedures and materials for a replicable preschool program which develops attitudes and aptitudes for school achievement in preschool children and their parents.

5. To develop effective training procedures for professional and nonprofessional teachers and home visitors using DARCEE materials and procedures.

Program Description

A manual on the Early Training Project curriculum has been published.[1] However, considerable refinement has occurred in the last four years and a new curriculum manual will be forthcoming. The present DARCEE curriculum is basically a structured, teacher-directed skill development program for three-, four- and five-year-old disadvantaged children. Instructional activities are planned in units organized around central themes. For example, the first unit is about the child himself. Later units build upon the first and extend the child's interests and information outward to incorporate the family, home, neighborhood and city. All activities are planned to move the child sequentially from concrete to abstract thinking, from familiar to novel experiences, and from sensory to verbal skills. Teachers are not concerned with a child's readiness to learn as a function of age. If a child has acquired a given skill, the teacher will begin where the child is and build upon that skill guided by the curriculum's predetermined goals.

A major aspect of the DARCEE program is the use of immediate reward (reinforcement) for appropriate behavior. This technique is used to strengthen positive attitudes the child brings to the program and to develop achievement oriented behavior. The teacher does not focus upon or react to undesirable behavior. Rather she begins by using concrete

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[1]Gray, Susan W., Klaus, R. S., Miller, J. O. and Forrester, Bettye J. Before first grade. New York: Teachers College Press, 1966.

rewards (hugs, pats, food, candy) to encourage the child to repeat his desired behavior. One immediate effect of this approach is the virtual elimination of behavior problems. The child looks upon the teacher as a source of reward and his task-oriented behavior increases. Gradually the teacher moves from concrete rewards to the use of verbal approval. She increases the difficulty and the number of things which must be accomplished to earn rewards. In some cases children learn to work for long-range goals by receiving tokens as rewards which can be saved and exchanged for prizes. Eventually the child comes to regard learning experiences as intrinsically rewarding and he will engage in them even if an adult is not present.

DARCEE preschool sessions are organized on a half-day basis. Twenty children and their teachers meet first in a large group session which lasts a half hour or longer. A current unit may be introduced or reviewed by means of demonstrations, participation games or songs. Every minute of the session, including juice time, outdoor play and field trips, is utilized for learning purposes even though pace and content vary. The balance of the session is typically spent in small group activity. Groups are based upon ability level. Teachers rotate among the groups and children can change groups as their abilities increase. A most impressive aspect of this program occurs toward the end of a program year when groups of children can be observed working on complex tasks with great enthusiasm. At this point they have achieved sufficient independence to plan and carry out their activities in the absence of their teachers.

The Early Training Center staff-lead teacher is professionally qualified in education and early childhood development. She supervises four assistant teachers, who are student trainees or nonprofessionals drawn from areas served by the Early Training Center. Teaching staffs are integrated and use as many male adults as are available. The proficiency and enthusiasm of these teachers is due to the amount of time devoted to inservice training, planning, evaluation and invention of appropriate materials. Implementation of the DARCEE skill curriculum requires a high adult-to-child ratio, preferably one adult for every four to five children. Program costs are not given in the materials used for this review. Information on costs of Early Training Centers, staff and materials can be obtained by writing the DARCEE Information Officer.

Involvement of mothers in the DARCEE program has been accomplished in two ways. The home visitor program is staffed by mature women with college degrees and background in education.

This program was developed in conjunction with intervention studies involving semi-rural and urban families. Each home visitor sees 15 families once each week. She demonstrates materials and techniques based upon the preschool curriculum and encourages the mother to use objects available in the home to create learning experiences. The mother works with her younger children on these activities during the week. When the home visitor returns, they review what the mother accomplished and make new plans.

A second approach involves using a home visitor to train small groups of mothers within the Early Training Center where their children are enrolled. Mothers first observe what three-, four- and five-year-olds are capable of learning. Through further observation and role play they discover why certain teaching techniques are effective. In practice sessions they learn to use materials in learning activities. After four to six months of weekly sessions, the mother group is able to plan and carry out an entire preschool session according to DARCEE methods.

Recently the home visitor program has been expanded to include a group of parents with young first-born infants. Special materials and procedures have been developed to extend the DARCEE intervention program downward to six-month-old infants. An unusual aspect of this project is the high degree of father participation.

Costs of the home visitor and mother group training programs may be obtained by writing DARCEE.

Effectiveness

Research indicates that children enrolled in the DARCEE preschool and home visitor programs made significant gains in motivation and intellectual skills. Follow-up study on these children after they entered public school is still in progress. There is evidence to suggest that the greatest gains were made by children who received the combined benefits of the preschool and home visitor programs. Further evidence of diffusion within the family has been obtained by testing younger brothers and sisters of children who attended the DARCEE program. These younger siblings scored higher on a test of conceptual development than comparable children in families which had no contact with either program. More than half of the mothers who participated in the DARCEE programs improved their education and occupational status. Several were hired as day care and Head Start aides.

Other research has focused on the effectiveness of various methods used in training nonprofessionals in Head Start programs, obtaining data to document assumptions made about the home life of disadvantaged children, and on various aspects of the social and intellectual functioning of disadvantaged children. Although the DARCEE program lacks supportive health and social work services (referrals are made and diagnostic work is done as needed) because of its research orientation, a recent study on the nutritional correlates of learning in DARCEE children has been undertaken with Vanderbilt University.

A study[1] comparing the effectiveness of the DARCEE model with Montessori, Bereiter-Engelmann and traditional nursery school models found that both the Bereiter-Engelmann and DARCEE programs tended to produce greater gains in intellectual and achievement test performance.

Replication

DARCEE staff are involved in training professional and nonprofessional teachers and supervisory personnel in Head Start and Follow Through programs in Nashville, southern Tennessee and in North and South Dakota. Training programs for early childhood and Head Start personnel are held throughout the year at the Peabody campus. Consultations on all aspects of training and programming are done over a wide area including Kentucky. Slide series, video tapes and other written materials are available on all program aspects. Visitors are welcome at the DARCEE facilities located on the Peabody campus in Nashville, Tennessee. Requests for information and for site visits should be made in advance by writing the Information Officer at DARCEE.

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6. Harvard Infant and Preschool Projects
Laboratory of Human Development, Graduate School of Education
Harvard University, Cambridge, Massachusetts
Director: Burton White, Ph.D.[1]

Traditionally, infants have been regarded as passive creatures to be fed, cuddled and changed. When an infant demands attention, a parent is likely to wonder if this means the child is becoming "spoiled." The possibility that infants might find their cribs boring has not occurred to most parents. Physicians and psychologists alike have urged them to protect their infant from overstimulation and not to push learning until the child is "ready." Theories assumed that the influence of parental caretaking practices and early experience was mainly upon the infant's emotional and physical development. It was believed that growth occurs in stages controlled primarily by physiological mechanisms.

However, there was little scientific knowledge about the influence of experience upon infant development until recent years. In the mid-sixties Dr. Benjamin Bloom, a statistician

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[1]Burton L. White, Ph.D., Laboratory of Human Development, Graduate School of Education, Harvard University, Appian Way, Cambridge, Massachusetts 02138; Jerome S. Bruner, Ph.D., Director, Center for Cognitive Studies, Harvard University, 33 Kirkland St., Cambridge, Massachusetts 02138 and Jerome Kagan, Ph.D., Department of Social Relations, Harvard University, Cambridge, Massachusetts 02138 are directing these studies. Support for the infant projects was from the National Institutes of Health and Mental Health, the National Aeronautics and Space Administration, the U.S. Air Force Office of Scientific Research and the Rockefeller Foundation. No source of funding for the preschool research was cited in materials reviewed.

at the University of Chicago, pointed out that growth patterns in children indicate that intelligence can be most dramatically and easily influenced by environmental stimulation during the first four years of life. During this same period a number of studies attempted to describe the interaction between normal growth patterns and the environment as it affects the infant's ability to learn.

One investigation, headed by Dr. Burton White at Harvard, carefully documented the development of human visual and grasping abilities in the first six months of life. Subjects for these studies were infants in hospital care awaiting adoption. They ranged from a few days old to six months of age. These investigators also determined if early stimulation experiences would hasten the development of these abilities. Their findings clearly indicate that the first six months are significant in human development and that the rate of development can be influenced by the kinds of experiences a parent provides during this period.

More recent work undertaken by Dr. White and Dr. Jerome Bruner at Harvard has focussed upon discovering the factors that produce competence in preschool children. These studies originally were planned for six-year-olds, however, the investigators found that competent behavior is actually established much earlier, usually by three years of age. They define competence as all-around ability in coping with personal, social, and academic problems.

In order to describe what competent children are like and to determine how the early environments of competent and inept three-year-olds differ, these investigators have studied thirty children between one and three years of age in their homes. Other studies have documented how children of these ages spend their time and how specific characteristics develop. The next phase of this work will involve teaching mothers how to foster competence in their children. Laboratory experiments are being used to determine how children under two actually learn. Other research by Dr. Jerome Kagan on the effects of social class upon intellectual development is also underway.

Infants and children for these large research programs are recruited from student families and surrounding urban areas. Most groups under study are white, although they vary in social and economic background.

These studies taken together represent a step toward what Jerome Bruner has called the "growth sciences:" That is, just as medical research was organized around concepts of disease, so should today's biological, behavioral and social sciences join forces in growth studies. As knowledge is discovered

about growth factors, it can be made relevant to parents, teachers and counselors. The objective of the growth sciences would be to insure that in the future competent children would be considered "normal" instead of "outstanding."

(Please note: the following sections depart from the program description format because the studies described did not include a "program" as such.)

Findings

The hospital infants studied by Dr. White showed more rapid development of visual and grasping behavior when they were cuddled frequently and placed in cribs with brightly patterned bumper pads and sheets and a stabile (like a mobile, but it does not move). Laboratory experiments by Dr. Bruner have shown that at three months an infant has greater depth perception and awareness of his surroundings than was previously realized. He is especially interested in discovering how infants learn.

Despite the importance of stimulation during infancy, these investigators believe that after the first year when the child begins to walk, talk and explore, represents an equally important period in his development. Parents who are good caretakers of infants may fail to take advantage of the opportunities a toddler has for learning. This is because the child requires much more supervision than before, while at the same time his ability to learn and do are also increasing rapidly.

Although a causal link between maternal behavior and competence in her child at age three has not been established by this research, a description of five types of mothers observed in 170 homes suggests which kinds of mothers would be expected to produce competent offspring (labels are from the study):

> Super Mother: She consciously desires to teach her child things, but her pace is leisurely and she permits the child to initiate activities. She talks a lot, labeling things and asking questions.
>
> Smothering Mother: She constantly directs and controls the child's behavior. She does not enjoy the child at present but has long-range plans for his success in life.
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> Almost Mother: Although she enjoys and accepts her child, she is confused and often unable to meet his needs appropriately. She may wait for the child to initiate an activity but she fails to pick up cues he gives her. After he reaches 16 months of age, she will be increasingly ineffective with him in learning situations.

Overwhelmed Mother: She has no time to give individual attention because she has too many children and too little money. Typically, she is a lower-class mother although examples of this type were found in middle-class homes.

Zoo Keeper Mother: She is highly organized in everything she does. She does not interact with her child but provides numerous educational toys and leaves him alone for long periods of time to play with them.

Some interesting differences have been observed between the children of these mothers. For example, children of overwhelmed mothers spend more time in aimless activity and eating. Children of super mothers spend more time playing make-believe and engaging in role play.

Other studies have found that differences between lower- and middle-class home environments can be detected in children as early as 8 to 12 months of age in terms of basic learning skills. There appear to be a number of things middle-class mothers do that help to develop these learning skills. They use surprise (peek-a-boo) which encourages infants to be more attentive to unusual events. They entertain and play more with their infants which fosters a closer attachment and willingness of the child to accept the mother's goals and values. They respond to the child's distress immediately which fosters the child's sense of being able to "make things happen."

Three-year-old children labeled as competent in these studies were generally more intelligent and socially adept than those children judged as being the least competent. (Children who would be considered "average" were not studied in order to make differences between competent and inept children clearer.) Some examples of way in which competent children differed from less competent children are:

Social Skills: While playing a game, the inept child cries or throws a tantrum if he loses whereas the competent child persists and may use social persuasion to get what he wants. The competent child knows when to lead and when to follow depending upon the situation; the inept child is likely to be either passive or rebellious in all situations.

Intellectual Skills: The competent child anticipates the consequences of behavior whereas the inept child is likely to act without thinking. Competent children understand and carry out complicated instructions from an adult while the inept group cannot.

Conclusions

These studies indicate that basic learning patterns are set early in life, well before the age of three. Thus, even before a child is eligible for most preschool programs, he has completed that period of his development when he is most susceptible to educational experiences. After the child reaches three, it becomes increasingly difficult to bring about change in his level of competence. Such findings place a great responsibility upon parents.

These investigators recommend that the prevention of handicaps in children of inadequate mothers or from disadvantaged homes requires a national commitment to one of the following strategies: a) the establishment of optimal day care environments for children from earliest infancy, or b) training of parents in the use of effective child-rearing techniques. Although they favor the latter approach, they realize that the working mother and most fathers may be difficult to reach.

Either approach faces potential opposition from minority groups as well as middle-class parents who understandably might regard programs to teach them parenting or which take over the care of their children as unwarranted interference. However, when parents understand what their offspring are capable of learning from birth onward and what they as parents can do to help them learn, they are more likely to seek a partnership with researchers and providers of child care services. The problem is to find effective ways of building that understanding.

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7. Institute for Child Development and Experimental Education
The City University of New York
Director: Francis H. Palmer, Ph.D.[1]

Frank Palmer's longitudinal study involved 310 Negro males born in Manhattan hospitals between August and December of 1964.

The 240 children in the experiment (70 children are in the control group) attended the center for two one-hour sessions each week over an eight-month period. In these sessions the children interacted, uninterrupted, with an instructor on a one-to-one basis. Their instructors changed every sixth session and only rarely did a child have the same instructor more than once during the eight months.

The children were assigned to one of two training groups, concept training or discovery. Children in the concept training group were systematically taught to understand concepts, beginning with such simple ones as "top of," "open," "wet," "smooth," and progressing to more complex ones such as "for," "many," "same," "different," and so forth. The children in the discovery group were provided with the same play materials and instructors as the children in the concept training group, but the instructors did not at any time label the concepts for

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[1]Francis H. Palmer, Ph.D., Institute for Child Development and Experimental Education, the City University of New York, 33 West 42nd Street, New York, New York 10036. The research with which this curriculum was developed was supported by Grant #HD 02253 from the National Institute for Child Health and Human Development.

the child or initiate a conversation with him. They played with the child, letting the child take the lead to interaction. A separate study found much more verbalization by concept training instructors than by discovery instructors, thus confirming these differences in method.

The results regarding the children who began training at the age of two are encouraging. After eight months of training, both experimental groups performed better than those in the control group on fourteen of sixteen measures, nine of these differences being statistically significant. The experimental groups were superior on such diverse tasks as the Stanford-Binet Intelligence Test, language comprehension and use, perceptual discrimination, motor behavior, delayed reaction, and persistence at a boring task. More important, children of lower socio-economic background in the experimental group outperformed the middle-class children in the control group on fourteen of the measures, in four of which the differences were statistically significant.

Furthermore, when the children in the experimental groups were retested a year later, they maintained their superiority on all but four of the assessment measures. Thus, not only did the treatment conditions have significant effects on the boys' intellective development at this early age, but the effects were durable for at least one year.

In addition, when the two experimental groups were compared, the children exposed to the meticulously developed concept training curriculum performed significantly better than the children in the discovery group on four measures only: 1) the concept familiarity index, which is highly loaded with items taught in the curriculum; 2) motor performance; 3) ability to follow instructions in sequence; and 4) simple form discrimination. On all other measures, the children in the discovery group did as well or better. Thus, it appears that the concept training did not generalize to other dimensions of behavior any more than did the discovery condition.

The findings can be interpreted as follows: a) the two-year-old is highly capable of learning a great deal with only two hours per week of instruction; but b) what he is taught is not so important as the conditions under which he is taught, specifically the nature of the adult-child relationship.

The experimenters believe that the superior performance of both experimental groups was the result of one or more of the following elements: 1) the regularity of exposure to a structured learning condition; 2) the affective relationship between instructor and child; 3) the uninterrupted nature of the instructor-child interaction; 4) the increasing realization by the child that he could respond to stimulation and be rewarded for his response.

The one-to-one relationship of instructor-to-child contributed greatly to the success of this project. It is

doubtful whether many young children, even in the best of homes, are provided such an opportunity on a regular and planned basis by their mothers, busy as they are with household chores and other children.

Incorporating or adapting such a program to a typical day care or nursery center would require some ingenuity. Certainly, though, there are ready possibilities for such a program in the home on a one-to-one basis. Dr. Palmer's material and findings are valuable resources.

Objectives

1. To determine through careful research whether intellectual training early in life has demonstrable effects in children's ability to perform in the first grade.

2. Half of the participating sample is trained at age two and half at age three. This is to determine whether one age or the other is more responsive to the techniques and whether duration of effects of training varies with age at training.

3. The assumptions about intellectual growth apply to all children. The fact that this study deals with a Negro sample relates only to the need to control for possible differences in child rearing practices across ethnic groups. Research with white and Puerto Rican children followed this study.

Program Description

The participating children are divided into two treatment groups, concept training and discovery.

For the concept training group each task is carefully defined in relation to concept, series, stage and level:

a. Concept: A single, usually bipolar, dimension of of the child's environment believed to be essential for subsequent complex learning (e.g., up-down, in-out, hard-soft, etc.)

b. Series: Several related concepts may be ordered into one training series, as with Sensory-Tactile concepts, where Stage I is wet-dry, Stage II is hard-soft, etc.

c. Stages: Each series will have an established sequence through which training will evolve, e.g., Stage I for form to simple trial and error puzzle work, Stage II for form is visual discrimination and more complex trial and error work, etc.

d. Level: Arbitrarily defined strata of relatively complexity across training series.

The trainers for the concept group are instructed to present each concept in the following four steps:

1. Demonstrate and label your actions related to the concept.

2. Have the child perform an action related to the concept while you label it for him.

3. Have the child perform an action related to the concept at your command in a choice situation to ascertain his knowledge of the concept.

4. Ask the child to label appropriately while you or he performs a task related to the concept.

Discovery

The purpose of the Discovery Group is to ascertain that the effects from the experimental training are more than the effects obtained by the child's coming to the Center and interacting with skilled individuals not normally available to him. Discovery Group procedures are devised so that the children concerned will almost certainly benefit from the experience, but they will not benefit from the specific experimental training we are investigating. A Control Group comprised of children who do not come to the Center (except to be tested in the summer) is also part of the study.

There is a rule of thumb for interacting with the Discovery Children. To the degree possible they should be treated in a manner consistent with what the average three-year-old would get at the above-average day care center or nursery school for their age. One exception, of course, is that the Discovery children in this experiment were at a ratio of one to an instructor, whereas most programs have several children for each instructor.

Discovery children will be provided toys and materials equivalent to those used by the training children, and these will be changed as the training children progress. Ordinarily,

the child will spontaneously approach and play with one of the several toys in the room. So long as he chooses spontaneously, he should not be diverted to another.

The instructor should not try to elicit verbal behavior from the child. If he asks you a question, the instructor should answer him directly but not elaborate. The average child in a nursery school is one of many and does not engage in a great deal of verbal interaction with an adult. The instructor should be warm and receptive, play with the child if he insists, but as long as he is engaged with toys and materials on his own, let him go.

If the child does not spontaneously play with one of the toys present, present him with one - but with minimal instruction. Under no circumstances is the discovery instructor to teach concepts or language associated with those toys in the training situations. Be especially alert, as it can be hard not to use the concepts. For toys that need some introduction such as play dough, show the child how the dough can be modded, etc. With materials used in form, it is almost impossible not to contribute to his learning. Do not initiate by putting forms in their appropriate places. If the child seems intent on finding the appropriate place, help him, but do not label. Try to use as much variety as possible. Montessori insets can be spun, used as cymbals, etc.

As the listing of toys for Discovery children will be based on the toys used in the training sessions, a master list will be posted weekly near the file cabinets. Toys will be listed so you can simply check off after each training session which toys you used. This will allow us to make up lists of toys for Discovery sessions in keeping with the toys used in training sessions.

A listing of possible activities with toys follows. Again, spend time watching and talking with other instructors to learn about a greater variety of activities with toys and which ones seem most enjoyed by the children.

Discovery Group Procedures: Suggested means of involving reluctant Discovery Children:

Peg Bus: Say, "Look at the bus". Give cord to child. Tip it over. Hang over table as pendulant. Spin pegs.

Play Dough: Open box, take out one kind of dough. Show how it can be molded.

Puzzles: Bring out puzzle. Take out pieces. Hand them to child.

Beads: Show child how to string. Do not explain, demonstrate and direct his hand if necessary. Spin beads on string. Spin string.

Chips: Hand chips to child with box. Put some in box; take some out. Spin them. Roll them. Watch a handful fall. Balance them on top of your head.

Animals: Present animals to child, employing a technique such as "Watch the cow". Have him do delightful things.

Blocks: Take out some blocks; say, "I'm going to play with the blocks", build a tower or house and label it.

Kine-Letters: Take them apart, hand inset to child. Present all the ones being used in training at once. Hook letters together if possible.

Postal Station: Take all the blocks out. Move the flap. Put blocks inside and shake. See how many things you can get inside.

Ball: Play catch with child. Spin the ball.

Magnet: Show it can pick things up. When child is unsuccessful, tell him, "It won't work there."

Barn: Open door. Remove cart and pieces. Insert pieces into slots on top of the barn, through windows or doors.

Shape/Color Formboard: Take out pieces. Hand them to child. Roll circles. Stack them.

Pot: Put in and take out objects from pot. Try some imitation cooking. Use as drum.

Plastic Vehicles: Show how they move back and forth. Put things on them.

Cloth: Can be used in conjunction with the water. Or as clothes for doll.

Patrol Car: Show how car can move by itself. Push back and forth with child.

Cup: Have a tea party! Stir things in.

Montessori Form Insets: Present the square and round insets in their form outlines. Take the insets out of the form outlines. Use as cymbals. Spin on knobs.

Doll: Present doll to child. Move doll around table. Give to child.

Telephone: Remove receiver and give telephone to child. Look at mirror on underside. Dial.

Cowboy and horse: Move horse around table. Remove cowboy and give it and horse to child.

Hula Hoop: Show child hoop, roll it on ground, put things through it.

Rope: Attach one end of rope to chair. Put car under, fly plane over.

Bridge: Put things under, over, on top of bridge.

Magnet and metal form: Attach any metal objects in sight, including form to magnet.

Window: Put things through window. Look through window, wave at child.

Toy size tunnel: Run cars, etc. through, around tunnel.

Small hoop and objects: Use hoop as bracelet. Put things through it.

Effectiveness

Both experimental groups seemed to do better than the control group and their performance was sustained over a period of time.

Replication

The materials which have been produced by the Institute of Child Development and Experimental Education are available. They are excellent.

References

Palmer, Francis. Concept training curriculum for children aged two and three years old and eight months. Institute for Child Development and Experimental Education, the City University of New York, New York, New York. October, 1968.

Palmer, Francis. Early intellective training and later school performance. Institute for Child Development and Experimental Education, the City University of New York, New York, New York. 1964.

C. SERVICES FOR THE MENTALLY RETARDED AND OTHERS WITH SPECIAL NEEDS

1. The Bowen Protective Services Center
Juvenile Protective Association, Chicago, Illinois
Director: G. Lewis Penner[1]

Child neglect and abuse is a critical issue in child welfare today. During the 1960's the increasing incidence of battered children became a national scandal. Removing such children from their homes in order to prevent further harm does not represent a solution to the underlying problem, however, unless the child is removed permanently or the home is improved. Experts agree that a parent who neglects a child is often the product of a deprived childhood and is unable to be an adequate parent because of his or her own immaturity and unmet needs.

It has been difficult for welfare agencies to intervene quickly and effectively in cases of child abuse because of specialization and fragmentation of services and delays due to red tape. Often families in greatest need are least able to ask for or receive help. In an effort to get around these bureaucratic problems and to work directly with severely deprived and disorganized families whose children are neglected or abused, the Juvenile Protective Association of Chicago

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[1]G. Lewis Penner, Executive Director, Juvenile Protective Association, Chicago, Illinois. Funding is from the Children's Bureau, U.S. Department of Health, Education, and Welfare and three private Chicago foundations. (The Juvenile Protective Association, a voluntary organization, began in 1901 with Hull House and was also instrumental in establishing the first juvenile court in the United States.)

established a Protective Services Center in 1965 as a five-year research and demonstration program. Known as the Louise deKoven Bowen Center, it specializes in rehabilitation for parents. Other services at the Center provide immediate assistance for children, enabling the family to stay together while the parents are being helped to assume a more adequate role. All services, including social casework, group work, day care, educational therapy and tutoring, homemaking services, emergency shelter, temporary foster care, pediatric health service, legal and financial assistance, are offered under one roof and coordinated within a single administrative structure.

Families from selected ghetto areas in Chicago are referred to the Center, usually by schools, health officials or by neighbors. There are no eligibility criteria or delays in initiating services after a referral is received. Clients are from poor black, Puerto Rican, Mexican-American, Appalachian white, and European immigrant backgrounds. The age of parents served varies widely. Children who receive Center services range from birth to 17 years. The average child served is seven years old.

Objectives

1. To provide comprehensive protective services to parents of neglected or abused children which

   a. help the family stay together and insure the positive mental and physical growth of its children.

   b. eliminate the need for permanent or long-term placement of children outside the home.

c. a single agency administers and delivers.

d. do not include eligibility requirements and procedures which alienate or exclude families with inadequate coping skills.

e. are responsive to the needs of initially hostile, disinterested and deprived parents.

f. are immediately available in times of emergency or family crisis.

2. To influence other welfare agencies to improve the kind of services and delivery systems used with severely deprived and disorganized families.

Program Description

Clients for the Bowen Center are automatically referred from the Juvenile Protective Services Center on a direct telephone line. At the Center, calls are taken by a Social Worker who goes into action once the basic facts of the case have been obtained. The Center maintains a fleet of cars so that house calls and trips to bring children, adults or whole families to the Center can occur on a moment's notice.

The Bowen Center is not designed as a "neighborhood center," since it is located some distance from the ghetto area it serves and its clients are not self-referred. The Center is a renovated church. Within this building are found a day care center for 30 children with kitchen and playground facilities; a housemother's apartment and a four-bedroom emergency shelter with kitchen facilities for children, adults or families; an activity room, club room, photography dark room, quiet room and isolation room for children of varying ages with special needs; and sufficient office space for the staff.

In addition to a Project Director and Program Director, four caseworkers and one group worker, all with M.S.W. degrees, are used to work directly with parents. An educational learning therapist, a day care and a nursery school teacher, four nonprofessional child care aides, one housemother, a cook, a janitor-bus driver, and various VISTA volunteers round out the staff. Two homemakers are also employed to provide emergency services within homes. Psychiatric, medical and social work consultants are available to the staff as needed. A unified approach to each family is stressed. Staff members often substitute for each other in various job roles. Emphasis is given to staff planning and decision making in all phases of the program.

Each family referred requires a different combination of services. In one example given in the materials reviewed, a family was referred by a school because the children were not attending school and were observed to be dirty and hungry. A visit to the home revealed a mother who had given up trying to meet the needs of her family, a seriously psychotic and infantile father, and several children of different ages with various problems. The father was given special casework. The younger children were enrolled in the Bowen Center day care program, which meant they were picked up each morning by a bus, bathed, dressed and fed at the Center, cared for all day and returned home in the evening. The older children were involved in programs at the Center designed to prepare them for successful school attendance and to see that they were cleaned up and fed adequately. It was immediately observed that once these measures were taken, the mother began functioning adequately, indicating that all she needed was general improvement in the home situation and the conviction that it was worth it to try to keep the family going.

With most families the major problem is establishing rapport with hostile and distrustful parents. Each worker attempts to convey his or her acceptance of the parent, a desire to help and the expectation that the parent can and will change for the better. It is made clear to the parent that the children must be treated better or they will be taken from the home. In those cases where intervention is not effective, Center caseworkers go to court, on their own or assisted by the Legal Aid Society, to see that the child is removed.

Casework with parents may include efforts to correct mental, emotional and marital instability, to provide basic education and assistance in finding job training and/or placement, training in managing money and assistance with housing or legal problems. Many of these adults, in addition to neglecting their children, have problems due to drinking, gambling, criminal activities and tendencies towards physical violence. A caseworker attempts to help with immediate crises and to overcome the parent's feelings of inadequacy and hopelessness. Contact with most families having such problems is necessarily lengthy and intense. In cases where referrals must be made, the caseworker acts as an advocate for the parent, cutting through red tape and securing the needed assistance as quickly as possible.

Program costs total over a million dollars for the five-year period, although per family costs are not given in materials reviewed. Forty-eight families were seen in 1968 and it is estimated that sixty families will be served by the Center in 1970.

Effectiveness

Merlin Taber, of the Jane Addams School of Social Work, is Research Director of the Bowen Center project. No data on the effectiveness of the program were available for review. However, study is in process on ways of improving methods of working with families so that the length of contact can be shortened. It has been suggested that this center could become part of a neighborhood facility offering comprehensive services to families who are both self-referred and referred by others.

Replication

Programs similar to the one reviewed have been established in Nashville, Tennessee, and Denver, Colorado, because of the interest of the Federal government in this unique approach. The Bowen Center program will probably be refunded this year or next. Site visits and consultation can be arranged by writing to the Center or the Juvenile Protective Association in Chicago. The addresses of the Nashville and Denver programs may be obtained from them also.

References

Penner, G. Lewis and Welch, Henry H. The protective services center. The American Humane Association, Children's Division. Papers presented at the 93rd Annual Forum of the National Conference on Social Welfare, Dallas, Texas, May 23, 1967.

Service report to the Community Fund of Chicago, Inc. Juvenile Protective Association, October 15, 1969.

2. Day Care for Mentally Retarded Children
Cumberland Valley Regional Mental Health/ Mental Retardation Comprehensive Care Center, Harlan, Kentucky
Director: John Weatherby[1]

Many difficulties are encountered in working with young retarded children who remain at home in the care of their own family. Sometimes parents react to their child's handicap by withdrawing their affection and ignoring the child's needs. Others may deny the condition entirely and refuse to allow the child to receive any special services which may be available. In many instances, regardless of the reason, retarded children stay at home, unidentified and unaided, and are allowed to vegetate. As a result, they are unable to attend public school or venture out into the community. Often they are an unnecessary burden to their normal brothers and sisters. In later years they may become a source of anxiety for their parents who no longer are able to cope with them or to provide for their future care.

In eastern Kentucky a valuable service for retarded children has been provided over the past few years by Regional Comprehensive Care Centers. Day care programs have trained and

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[1]Materials for this description is based upon information received by personal communication with Mr. John Weatherby, Director of Mental Retardation, Cumberland Valley Regional Mental Health/Mental Retardation Comprehensive Care Center, Route 1, Harlan, Kentucky 40831; and Mr. Von Watts, Director of Day Care Programs, Upper Kentucky River Regional Mental Health/Mental Retardation Comprehensive Care Center, P.O. Box 800, Hazard, Kentucky 41701. Funding for these programs is from the Appalachian Regional Development Act, the National Institutes of Mental Health, state and local funds.

supervised retarded children and youth who cannot be accommodated in the public schools. Officials would like to increase the number of preschool children enrolled in these centers. Early identification of retarded children permits early training in basic habits (toileting, dressing, table manners). This in turn makes it more likely that such children can enter school and learn to function more effectively than if they remain at home with no chance for training.

Objectives

1. To identify mentally retarded children as early as possible.

2. To provide specialized day care services for retarded children prior to school entrance to insure their success in special classes.

3. To provide specialized day care services for retarded children who cannot enter school programs to promote the learning of basic habits and skills that will permit them to function at the highest level possible.

Program Description

Most centers are open from 8 a.m. to 4 p.m. and provide a full day care program. The daily schedule includes activity periods which resemble a normal nursery school program. However, each child entering the program undergoes a complete evaluation in terms of his physical, social, psychological and intellectual development. The source and kind of his retardation is determined, if possible, so that reasonable expectations for his performance can be established. As much as possible children are worked with individually and taken as far as their abilities will allow.

There is a tendency in many school districts to refer children in special education classes to these day care centers. Although many centers accept children the schools cannot handle in order to "demonstrate" what can be done, their staff prefer to work with preschool children in terms of preparing them for public schooling or long-term training programs.

The curriculum used by some centers is highly structured in terms of the types of skills teachers stress. For example,

children are taught basic habits, skills and concepts in the areas of (a) Health and and Safety (manners, grooming, toileting, rules of safety), (b) Language, Speech, Writing, (c) Social-Cultural Activities (sharing, observing holidays), (d) Motor Development, (e) Reading Readiness and Vocabulary, (f) Arithmetic, (g) Science, (h) Leisure (making gifts, use of tools).

Children range in age from five to fourteen years in many centers, although it is hoped to extend services downward to younger children and infants. There are usually about ten children in a center, with an adult to child ratio of 1:2 or 1:3. (Children in these programs require more individual attention.)

Program costs were not available for this review. Services are made available to anyone, even if they cannot pay for them. Personnel, in addition to a supervisor or director, include a certified teacher, a nonprofessional teaching assistant and a student aide. Emphasis is placed on in-service training. Most centers are currently located in renovated churches and other buildings. A few have been incorporated into newer community buildings or in space provided by public housing authorities.

Effectiveness

No information on program effectiveness was available for this review.

Replication[1]

Arrangements to visit these centers can be made by contacting the directors of each of the regional programs directly.

References

Watts, Von. Curriculum for day care training. Upper Kentucky River Regional Mental Health/Mental Retardation Comprehensive Care Center, Hazard, Kentucky. September, 25, 1969,

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[1]See additional information on Regional Comprehensive Care Centers in the Mental Health programs component reference materials section.

3. Grandparents for Children
Senior Citizens, Inc., Nashville, Tennessee
Director: Jeanne M. Thune, Ph.D.[1]

The Grandparents for Children program has two basic ideas. The first is based on research that indicates that children need to become more aware of their world and better able to function in it before they enter school. The second is that older people should be provided with an opportunity to give of themselves in an important way - helping children learn - and be paid for their services.

After reviewing the information available about "culturally deprived" children, it was noted that they achieve less in school than do the middle-class children. Their progress in learning in school begins to level off while the middle-class child's continues. For this reason, it was decided to work with four-year-old preschool children. They come from the "slums" of Nashville, Tennessee.

The grandparents, both men and women, were at least 55 years of age, in good health, with a high school diploma or equivalent. Most importantly, they had a desire to work with children. The average grandparent was 67 years old, had completed two years of college, and had an income of approximately $100.00 per month.

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[1]Jeanne M. Thune, Ph.D., Research Psychologist, Senior Citizens, Inc., Nashville, Tennessee.

This program is sponsored by a senior citizen's organization which has had experience in providing opportunities for older people to participate meaningfully in their community. The type of useful service which this program provides prevents the older person from having to rely on his hobbies for all of his activities. In addition, it is not too demanding in time and energy which might exclude the older person.

Objectives

The Grandparents for Children program has as its objectives:

1. To provide an enriching experience for children that will help them become more aware of themselves and the world in which they live. Specifically, to be better prepared to enter and learn in kindergarten.

2. To provide older citizens with an activity which contributes to society and is personally meaningful.

3. To provide older citizens with an additional source of income.

Program Description

The basic unit of the Grandparents for Children program is made up of one older adult and three children. The older adult first meets the child in the child's own home. The program, however, is conducted in community centers or agencies for one and one-half or two hours, five days each week. The child's mother is responsible for bringing the child to the center, but the grandparent takes the child home. This gives the grandparent an opportunity to have a conference with the mother.

The activities the grandparents and children do together are intended to help the child become aware of the important things in his world and to see both the parts and the whole: to see both trees and forests. The activities also help the child form concepts and deal with abstractions. A quiet time is provided where he can learn to listen. He is encouraged to hear, see, and smell many different things. Field trips are taken to museums, farms, parks, and stores to give him new experiences. He learns to name objects and the behaviors of people. He learns to understand limits and finds comfort in

stable rules. He learns to trust adults, and because of this, is able to trust children his own age. Music, painting, and story-telling are also important in the program.

The program refers to the role of the older adults as that of an "idealized grandparent". This is part teacher, part therapist, part disciplinarian, and part "warm safe lap". He enables the child to learn "that the world is not threatening; that grass is green, and so are leaves; that he is a person capable of learning and worthy of being loved".

Training is very important in the Grandparents for Children program. Ten weeks of training are held each year. These are divided into a two-week orientation, child development, and early learning section and an eight-week field practice session. Weekly individual supervisory conferences and group seminars are held during training. A weekly professional staff meeting is attended by the grandparents after training. Supervision is provided by the professional staff. A two-week summer course is given each year as a "refresher".

The Grandparents for Children program is staffed by a project director with a professional degree in psychology or social work, a senior supervisor with a professional degree in early childhood education or social work, two supervisors with early childhood experience and an ability to work with older people, one secretary, and one part-time steographer.

The total cost for the first year of operation of the program for 48 senior trainees and 150 children was $67,500. The older adults were trained in shifts: 16 worked nine months, 16 worked six months, and 16 worked three months. If the program were to have the 48 older adults and the 150 children for a full twelve months, this writer would estimate that it would cost at least $96,300. This is a cost of $53.50 per month per child for 150 children. Since this program has the objective of training older adults, the monthly cost should be based on the children plus the older adults: 198 people. This would be a per person cost of only $40.53 per month.

Effectiveness

There are no objective data available at this time to estimate the effectiveness of the Grandparents for Children program. The costs are lower than center-based, comprehensive day care programs. The services offered by the program are limited, but would appear to be appropriate for communities where there are older people who need to feel that life is worthwhile and children who could benefit from being with them.

Replication[1]

Site visits and consultation are probably available. There may be training materials available which would reduce the cost of starting this program somewhere else.

References

Thune, Jeanne M. Grandparents for Children: A community service project to provide help for both the young child and the older adult. Senior Citizens, Inc., Nashville, Tennessee, November, 1964.

[1]A similar program is presently in operation in Kentucky. It is the Kentucky Foster Grandparent Program, directed by Mrs. Marilyn H. Gault. This program consists of 71 Foster Grandparents who work directly with 142 mentally retarded children (ages 7-16) who are residents at the Frankfort State Hospital and School and the Outwood State Hospital and School. This program is funded by the Department of Health, Education, and Welfare's Commission on Aging.

4. High School Courses for Future Parents
Schenectady, New York; Philadelphia, Pennsylvania; Highland Park, Illinois; Evanston, Illinois; Seattle, Washington; Dallas, Texas; Atlanta, Georgia; San Diego, California

Dr. Roy W. Menninger, president of the Menninger Foundation, Topeka, Kansas, noted recently that more than 40 percent of all women who walk down the aisle are between fifteen and eighteen. Furthermore, these teenagers have little preparation for their role as parents. In answer to the obvious need for training for future parents, high schools across the country are now operating their own nursery schools in connection with courses in family life and child development.

The nursery schools operated in Schenectady's two high schools are excellent examples of how teenagers can work with children, while being taught by those who know them. The programs function under a plan which carefully coordinates teaching by both the high school and nursery school faculties.

The Schenectady school system now operates thirteen prekindergarten groups. Two of these are in the high schools, the rest in elementary schools. The preschool group at one elementary school is used also for observation purposes for family life classes at three junior highs.

Preschoolers in the Schenectady program now are drawn from a wide range of disadvantaged homes - poor families, one-parent families, families where the mother is disabled. Thus, many of the adolescents are being exposed to economic, emotional, and social problems they had never before encountered.

In the two high schools, social psychology classrooms are located next to the nursery schoolrooms. They are equipped with one-way observation glass and wired for sound, so that students may see into and listen to activities in the nursery school without being seen themselves.

The classrooms are outfitted with living room furniture, casually arranged, to provide a relaxed atmosphere for discussions. Two courses involving the nursery school are open to boys and girls in the eleventh and twelfth grades. The child development course focuses on the individual and offers a concentrated study of the child from prenatal time through adolescence. The other course, called dynamics of human relationships, correlates sociology and human dynamics, focusing on the adolescent and his relationships with others.

Preschoolers, high school students, parents, teachers, and coordinators are all enthusiastic about the sensible blending of their needs and skills.

Using nursery schools, child development laboratories, or play schools in high schools is not a new idea. However, interest in these living laboratories has surged in the past few years, and the number of such programs across the country has been on the increase.

In Philadelphia, Pennsylvania, there have been child development laboratories in the high schools since 1938. Currently there are eleven in the area, and two more are planned for new schools.

One Highland Park, Illinois, high school has conducted a nursery school for about twenty-five years. When the school district built a second facility a few years ago, a nursery school was included.

The high-school-operated nursery school in Evanston, Illinois, is in its eleventh year. When the school recently added a multimillion-dollar wing to its complex, brand new quarters for the nursery school were included.

Seattle, Washington, has a nursery in one high school, and plans to expand this program.

In other cities, high schools use child care centers operated by other agencies as laboratories for home economics classes.

For example, Dallas, Texas, high school girls help at day care centers operated by the United Fund to prepare for careers in working with children. Dallas is planning to include a child development center in a new high school, so that students may participate as part of their family life courses.

In Atlanta, Georgia, the public school system has six child development laboratories. Their aim is to prepare high school students for work in child care centers and to stimulate further study in the field of child development.

California's Department of Education maintains centers for children of working mothers. In a few communities, such as Santa Monica (whose programs are described elsewhere in this manual) and Bellflower, the centers serve as laboratories for

junior and senior high school home economics students. In San Diego, which operates fourteen children's centers, a new facility is being built adjacent to a high school specially to provide students with an opportunity to work with preschoolers. William C. Wilson, Jr., director of San Diego's children's centers, believes that young people should be able to see first-hand the problems of rearing a young family that result from early marriage. Any kind of practical training in working with young children can be beneficial to the youngsters, although they may still be in high school.

Kenneth Keniston, a Yale Medical School psychologist and an expert on adolescence, supports Mr. Wilson's program. He adds, "Many American women have little prior knowledge of children other than what they can recall from their own childhoods. Most women feel great uncertainties about how to raise their own children and even about how to 'be' with them... Further, no matter how reassuring it tries to be, reading matter is not an adequate substitute for the experience of living with children and being helped by those who know them."

Objectives

1. To provide training in working with children to high school students.
2. To provide young children with high quality care by energetic future parents.

Program Description

The programs vary among the schools, but half day or full day care is provided in each.

Effectiveness

The program has been found to be mutually beneficial to children and students.

Replication

It would make sense for school systems to initiate such a course and at the same time provide day care for members of the community. See also "Children's Centers," the public-operated day care centers in Santa Monica, California.

5. Home Services for Retarded Parents and Children: The Pine School, Iowa City, Iowa Retarded Infant Services, Inc., New York, New York Bridgeport Regional Center for the Retarded, Bridgeport, Connecticut[1]

Services are required for the parents of retarded children in addition to those which provide for medical and psychological evaluation of their offspring's handicap. These services, which may involve counseling or assistance in caring for the child, are needed soon after such children are born and regardless of whether the child remains in the home or is placed in an institution. Problems of families with retarded children are complicated and intensified when one or both parents also are functioning below normal and are unable to provide an adequate home for themselves or their children.

Two programs are reviewed here as positive examples of the kinds of home-oriented services which can be offered to parents and children whose families are affected by mental retardation. The first, the Pine School Project, was begun in Iowa as a three-year demonstration project. Families in this project were living in extremely deprived and sub-standard homes, at least one child and one parent were diagnosed

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[1]This description is based upon two programs: The Pine School Project, Mabel H. Parsons, Home Management Consultant, Child Development Clinic, Department of Pediatrics, State University of Iowa, Iowa City, Iowa 52240; and Retarded Infants Services, Inc., Irene L. Arnold, Executive Director, 386 Park Avenue S., New York, New York 10016. Funding for these programs is from the U.S. Children's Bureau, and various state, local and private agencies.

as being mentally retarded (for children, this meant an I.Q. score between 50-80), and the family was intact at the time it was admitted to the project. This project was cooperatively financed and staffed by the state departments of health and welfare, the state university child development pediatric clinic, department of home economics and college of education. It was assumed that there was a critical need to help these families learn how to improve family life and home conditions. It was predicted that such families can be motivated to help themselves and can learn basic homemaking and child care skills in a supportive, education-oriented program.

A second project was initiated in New York by Retarded Infants Services, Inc. (RIS), and the Association for Homemaker Services, Inc. (AHS) for normal parents with a retarded child and to encourage the best possible long-range home solution for the entire family. It was assumed that by placing a homemaker in a home, much stress could be relieved, enabling parents to face their problems more objectively and increasing the likelihood of obtaining an accurate estimate of the retarded youngster's abilities. Families in this project varied in terms of their social and economic status. The only criteria for being admitted to the project was that the parents have a retarded child under five years of age and that short-term homemaker placement was recommended.

Objectives

The major aims of both projects reviewed may be summarized as follows:

1. To provide home-based services to families affected by mental retardation which will strengthen the family unit.

2. To encourage through strengthening of the home environment a more objective appraisal of a young retarded child's abilities.

3. To encourage parents to view their problems and those of their retarded children objectively and in terms of long-range planning.

4. To encourage all agencies concerned with problems of mental retardation to adopt home-oriented services.

Program Descriptions

The Pine School project provided comprehensive medical and health services to its target families. Retarded children of school age (18 in all) were enrolled in the Pine School. Weekly home visits were made by a home economist, a public health nurse and a social worker. These women worked cooperatively with each other, calling upon each one's specialized training when problems in a family required those skills.

The home economist's role was critical in helping mothers learn how to improve their homes. After several visits in which she gained the mother's trust, the home economist worked with the mother on self-help projects, such as learning how to shop for food and how to plan balanced meals on a limited budget, She made frequent, unannounced visits in an effort to encourage the mother to keep the house clean and orderly all the time. Most mothers, in addition to functioning at a low intellectual level, were found to be very lonely and isolated from their community. The home economist encouraged these mothers to work in groups formed out of the Pine School PTA. In group meetings the mothers gained additional social competence. They discussed child rearing problems and learned basic homemaking skills.

No information on other services, staffing or costs was available for this review on the Pine School project.

The Retarded Infant Services and Association for Homemakers Services project utilized a somewhat less comprehensive approach. Out of thirty-five families chosen for the project, nine were assigned an experienced homemaker and caseworker team.

Twenty families were assigned a caseworker and a home aide, whose role was to provide domestic and child care services only. Six families, designated as a comparison group, were given no assistance.

The role of the homemaker was viewed as critical in this project. She carried out the plan devised by the caseworker. She was able because of her placement in the home to provide the caseworker with valuable insights. In many instances, the parents accepted the homemaker but rejected the caseworker because of problems they had accepting their child's condition. The homemaker was able to reduce stress in the home by relieving the mother of responsibility for child care, by helping the parents understand more about their child's condition, and how to handle it. In other families, the role of the homemaker was focused entirely upon preparing the parents to accept the extreme retardation of a child and to send it to an institution.

No other information on program costs or staffing patterns was available in the materials reviewed for this description.

Effectiveness

In the Pine School project, there was considerable evidence that the home economist's presence brought about positive changes, including better personal appearance, increased self-pride, better housekeeping and meal planning, participation in parent group meetings, ability to shop for family necessities, and the securing of improved housing. The most interesting finding was that younger children in these families, when tested prior to school entrance, scored high enough on I.Q. tests to be ineligible for special classes. This indicated that improved functioning of parents and the effects of schooling for older retarded children in the family positively influenced the mental development of younger children in the family.

The Retarded Infants Services and Association for Homemaker Services project also produced positive results. Their findings indicated that families receiving casework, homemakers or home aides all improved more than families receiving no assistance. The homemaker was of significant help to the caseworker. Families which resisted the caseworker's efforts to provide counseling still improved if they were favorable toward the homemaker placed in their home. In some instances the homemaker was able to pave the way for later counseling when the parents were able to face their problems more objectively. In general, it appeared that a homemaker-caseworker team is most effective when their services are made available in the early stages of a family crisis over a retarded child.

Because homemakers were able to relieve stress in the home and to provide a calm and consistent approach to the retarded child, a more objective and accurate assessment of the child's abilities was possible. This led in some cases to the placement of the child in day classes instead of an institution. Parents usually decided to keep the child in the home if they were able to learn from the homemaker how to deal with the child effectively. Even in those cases where the child was severely retarded and had to be institutionalized, the homemaker usually was able to gain the confidence of the parents faster than the caseworker operating alone.

Replication[1]

It is not known if either project is still in operation. Inquiries regarding present services and additional information should be sent to the agencies indicated on the first page of this description.

The Kennedy Foundation has operated day care centers and special social services to the homes for mentally retarded children for many years. A particularly outstanding Kennedy Center which provides day care and added services for preschool retarded children operates in Bridgeport, Connecticut. The Bridgeport Regional Center for the Retarded serves preschool age children in the greater Bridgeport area under contract with the area school systems. The State of Connecticut recently designated city and town school systems as the responsible agency for services for preschool handicapped children. For additional information write to: Clifford Lockyer, Bridgeport Regional Center for the Retarded, 115 Virginia Avenue, Bridgeport, Connecticut.

References

Arnold, Irene L. and Goodman, L. Homemaker services to families with young retarded children. Children, 1966, 13 (4), 149-152.

Parsons, Mabel H. A home economist in service to families with mental retardation. Children, 1960, 7 (5), 184-189.

6. The John Tracy Clinic[1]
Los Angeles, California
Mrs. Spencer Tracy

The preschool years are especially critical ones for deaf children. Although deafness in itself rarely affects the physical ability to speak, special help must be given to the child who cannot hear and imitate sounds as normal children do if he is to learn to communicate and avoid being both deaf and "dumb."

Although there are literally hundreds of schools for the deaf all over the country, only the John Tracy Clinic in Los Angeles, California, is focused specifically on work with parents of deaf infants and preschoolers. Started in 1942 by Mrs. Spencer Tracy and other mothers seeking help for their youngsters, the Clinic was founded on the premise that the first step in the education of a deaf child is the education of its parents. Clinic personnel realize that parents often refuse, out of guilt or ignorance, to recognize deafness in their infant, thereby denying it special early assistance that could prevent unnecessary handicaps from developing. Such parents need help in overcoming their negative attitudes

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[1]John Tracy Clinic, 806 West Adams Boulevard, Los Angeles, California 90007. Mrs. Spencer Tracy is President of the Board of Directors. Mrs. Virginia Graber, Office Manager, receives inquiries. The Clinic is supported by voluntary contributions. Although the program is aimed at the special needs of deaf children, the language readiness course is valuable for all parents of young children.

towards deafness and in learning to use special skills which can develop language and social skills in their child from infancy onward.

The John Tracy Clinic programs are unique not only in their emphasis upon aiding parents of preschool deaf children, but because these services are offered without charge to parents all over the world. Its programs have achieved world wide recognition. An ABC documentary on the clinic, "Can You Hear Me?", won the Television Journalism Award of the American Medical Association several years ago.

The program developed at the John Tracy Clinic does not appear to be based upon any one theory. Importance is given to the role of a parent in responding to and encouraging an infant's vocalizations as being necessary to the later development of speech. Most of the procedures for encouraging language development were developed through careful observation and are based on common sense, practical considerations.

Objectives

1. To find, encourage, train and guide parents of deaf children.
2. To provide early educational training for deaf infants and preschool children in the development of verbal communication skills.
3. To develop and disseminate through research effective materials and procedures which enable the above objectives to be met.

Program Description

Because there are so many different aspects to the John Tracy Clinic programs, each is given a separate section as follows:

Consulting Services

It is the aim of the Clinic to achieve early identification of deaf and hard-of-hearing children, preferably before they are six months old. Complete diagnostic testing of children is available at the Clinic. These evaluations determine the extent of hearing and intellectual functioning so that individualized education can be planned for each child evaluated. Services include counseling for parents directed toward reducing any fears or guilt feelings they may have about their child's condition.

Parent Classes

These are open to parents with children in the Clinic preschool and to other parents of deaf children who do not participate in the preschool. Child development, the philosophy of the Clinic nursery school, education of the preschool child, parent attitudes, and the development of communication skills in deaf children are topics covered in these sessions. There is no limit placed on the number who can participate.

Nursery School

A limited number of two- to three-year-old children and their parents participate in this program for three years. The program is geared to the child's total development with emphasis on learning communication skills. Mothers participate in all phases of this program. (No other details on this program aspect were available in materials reviewed.)

Demonstration Home

A mother and her child may spend time in this home setting where she learns under supervision how to use the moment-by-moment natural learning opportunities available at home.

Summer Session

This is a six-week tuition-free course available each summer to an unlimited number of parents and a limited number of deaf children. Preference is given to parents and children outside the Los Angeles area. Teacher training is provided in conjunction with this program (tuition is charged). Special arrangements are made for fathers of deaf children to encourage their participation on a more limited basis.

Teacher Training

Through a special arrangement with the University of Southern California, student teachers may receive special training for a semester at the John Tracy Clinic.

Correspondence Course

Parents of deaf children under five all over the world may write to the Clinic and obtain without charge a series of twelve lessons which take about a year to complete. Progress in these lessons depends upon the age and ability of the child and the time the parent has to give to these activities. So far the lessons are only available in English. They discuss the importance of parent attitudes and provide training in ways to teach a deaf child beginning lip reading, listening skills, sense training, preparation for speaking, how to set up learning experiences and how to serve as a good model for speech. A great deal of information on normal early physical, social and emotional development is provided since many parents do not have any way of "evaluating" their child's progress. Parents mail in a report after each lesson. This report is evaluated at the Clinic and the next printed lesson, when mailed to the parents, contains personalized comments and suggestions based upon the parent's report. One of the most challenging aspects of this program is to help the parent train the child to understand and use what he has learned to say rather than just to "parrot" words.

Home Study Plan for Infant Language Development

This series of lessons was developed by the John Tracy Clinic for the Children's Bureau and is currently being used in Head Start programs (Parent and Child Centers). Lessons stress understanding of normal infant development and talking with a baby at all times. Games and activities

to play with a baby are described and suggestions for materials to buy or borrow are given. In many ways, these lessons, as well as the Correspondence Course materials, are very suitable for parents of normal children.

Parent Education Film and Record Series

All aspects of the Clinic programs, including materials on parent attitudes and skills required to develop communication in preschool deaf children, have been made available in audio-visual materials which may be borrowed without charge by groups of parents with deaf children. Other groups must pay a rental fee. It is recommended that these materials be used as a series and not ordered piecemeal.

Information on all of these program aspects and materials are available in the references listed at the end of the program description.

Effectiveness

Research at the John Tracy Clinic is under the direction of Dr. Edgar L. Lowell. All services offered by the Clinic reflect a research orientation. The Clinic has pioneered in the use of electronic computer techniques in the objective testing of hearing loss in children. Many materials and lesson plans currently available were produced by research efforts. Efforts are currently underway to improve training and parental guidance programs.

No technical research reports related to the John Tracy Clinic program were reviewed for this program description.

Replication

Because of the service orientation of the John Tracy Clinic and the availability of its materials without charge to parents of deaf children, replication may consist of referring families to the Clinic through its correspondence courses. However, it seems advisable that local follow-through effort with such families be undertaken. Staff involved in ongoing mental health and health programs may wish to attend a summer training session in order to make more of the John Tracy Clinic materials available to families with deaf children. Because of the appropriateness of these materials for use with normal children, it is recommended that they be ordered, studied and used in programs where parent stimulation of infants is stressed.

Sample lessons available suggest that the approach to infant stimulation should be easier to get across to many parents than the format used in other infant programs.

All inquiries, whether for materials or referral, should be addressed directly to the Clinic in Los Angeles.

References

Getting your baby ready to talk. A home study plan for infant language development produced by the John Tracy Clinic for the U.S. Children's Bureau: Dr. Donald A. Harrington, Speech and Hearing Consultant, Division of Health Services, Department of Health, Education, and Welfare, Washington, D.C.
Sample: Lesson II.

John Tracy Clinic Bulletin. Winter, 1969.

John Tracy Clinic correspondence course: Fact sheet.

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Lesson 1.
Lesson 4.

John Tracy Clinic educational materials list. 1969.

John Tracy Clinic Orange County Branch. Brochure.

John Tracy Clinic Parent education film series. Brochure.

John Tracy Clinic for preschool deaf and hard-of-hearing children and their parents. Brochure.

John Tracy Clinic 1970 summer program. Brochure.

John Tracy Clinic. Suggested resources. List.

Tracy, Mrs. Spencer. The role of parents in the education of young deaf children. John Tracy Clinic. No date.

"Will you be my teacher?" A challenging career for men and women teaching the deaf. John Tracy Clinic Teacher Training Program. Brochure.

7. The Northwest Michigan Child Guidance Clinic[1]
Munson Medical Center, Traverse City, Michigan
Director: John H. Young, M.D.

A large number of children with neurological problems can be classified as "high risk" at an early age in terms of the likelihood that they will develop emotional illness and learning disabilities. Most of these problems may not appear until after the child has entered school. Because the neurologically impaired child often has problems paying attention, perceiving things correctly and may be easily frustrated, he is apt to experience failure in the classroom. At home his parents may find that he is an increasingly difficult child to live with or to understand. Most children when they are brought by their parents to a child guidance clinic for help with such problems are given individual therapy.

Recently, however, the Northwest Michigan Child Guidance Clinic established a program to identify such children before they enter school and to provide group educational training as a means of helping them achieve in school. The clinic has established itself as an adjunct to the public schools in ten surrounding counties which have over 40,000 school age children.

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[1]John H. Young, M.D., Director, Northwest Michigan Child Guidance Clinic, Michigan Department of Mental Health, Munson Medical Center, Traverse City, Michigan. This program is financed by the state of Michigan Department of Mental Health and the Munson Medical Center. Other support is obtained from participating school districts and evaluation fees charged to clients.

Through its screening program and educational services, the clinic is able to reach far more families than is possible with traditional methods of individualized therapy. Since 1965 when the program began, the clinic has served more than 178 children and their families (according to a 1969 report). Currently, the clinic estimates its services will be available to approximately one out of every ten children each three years.

A wide range of families are involved in this program. Children with emotional problems, learning and perceptual problems, retarded functioning, cerebral palsy, blindness, deafness, or problems stemming from cultural deprivation have been enrolled in the clinic's Montessori school. The Montessori method was chosen because of its emphasis upon child-directed learning, sequential development of skills, sensory experiences, practical life exercises and language and arithmetic programs. Clinic staff have achieved considerable success through the combined use of medication and the educational program in changing behaviors which create learning and personal problems for neurologically impaired children. This approach has also been effective in helping parents work with their children and in providing a valuable training service for teachers in public schools who work with neurologically handicapped children.

Since the clinic instituted its Montessori school, the number of preschool applicants for clinic services has increased. Younger children with less severe symptoms are being brought to

the clinic. Overall, children receiving services range from three to fourteen years of age. Their abilities range from severely impaired to intellectually gifted functioning.

The clinic staff would prefer not to provide services to families with many serious problems and to culturally disadvantaged children, who nonetheless are referred to the clinic in great numbers. It is felt that other programs and agencies can serve their needs more effectively. The clinic sees its primary function as serving children with minimal brain dysfunction (and their parents) as early as possible so that emotional and learning problems can be prevented.

Objectives

1. To provide a screening and educationally-oriented training program for preschool children with minimal brain dysfunction before they develop serious learning and emotional problems which require individual psychotherapy.

2. To create a closer and more effective working relationship between a child guidance clinic and the public schools in providing remedial programs for school age children with minimal brain dysfunction who have developed emotional and learning problems.

3. To encourage the use of individual counseling and group work for parents of such children to rid themselves of negative attitudes and to acquire effective techniques in working with their children.

Program Description

During 1968-1969, the clinic Montessori school was organized on a half-day basis. Sixty-five children, ranging from three to fourteen years in age, attended half-day sessions (available in the mornings and afternoons) two, three or five days a week. Two types of programs were offered: a) a "Head Start" approach for high risk preschool children designed to offset the development of learning and personal-social problems, and b) a remedial program for older school age children with

learning and emotional difficulties related to evidence of minimal brain dysfunction. This school has been kept open winter and summer in order to offer classes to as many children as possible and to maintain continuity for those children requiring intensive treatment.

Each child referred to the clinic is given a complete evaluation in terms of intellectual, emotional and neurological functioning. The staff uses a team approach in deciding how to work with each family. If the child has been referred from a school, the school social worker provides full background on the case. The clinic helps refer families for needed services which it does not provide.

With children who already have behavioral problems and cannot settle into any sort of classroom routine, a program of medication has been used in order to reduce such problems at home and at the Montessori school. Medications include stimulants, tranquilizers and anti-convulsants. After a child enters a preschool program work with parents is begun. Parents are invited to observe the classroom in session and to meet together in groups to discuss their common problems and possible solutions to them. Parents are trained to use the Montessori procedures and Frostig perceptual development materials at home.

Parents and teenage groups have raised funds for the school. There appears to be a great deal of community interest in the program. A number of outreach centers have been established to extend this program to local groups in the ten-county area served by the clinic.

The team approach used at the clinic has proved beneficial for several reasons. Parents and clinic staff find it easier to understand the child and to evaluate the effectiveness of treatment measures after observing him in the classroom. Teachers from the public schools can learn new methods of dealing with special problem children from observing the classroom procedures. The presence of a teacher in staff consultations helps provide valuable information in designing a treatment program.

Initially, a $25 evaluation fee is charged. After that, no charge is made for services. However, the clinic will accept families who cannot pay. Program costs for the Montessori school in 1969 were roughly $33,400, of which $27,400 went for staff salaries.

Basic staff required for the Montessori program and clinic services include two psychiatrists, two clinical psychologists, two psychiatric social workers, psychological testers, Montessori-trained teacher, teacher aides, and a registered nurse who also serves as a teacher.

Effectiveness

Studies done at the clinic on the effectiveness of medication in working with neurologically impaired children have indicated that this is a successful procedure, especially when combined with an educational program which develops perceptual, attentional and concentration skills. The degree to which a child is aware of his impairment has been found to affect the success of the clinic's program. Some children are unaware of their problems, whereas others are overly aware and develop extremely withdrawn behavior as a means of avoiding ridicule from other children.

The most interesting finding to emerge from this program is that once the child's problem behavior has been reduced (often by the means of drug therapy), the home situation becomes less stressful for the entire family. In many cases, the child's self-esteem improves immediately and individual therapy with parents is not necessary. This approach has freed the clinic staff to concentrate their efforts on the more disturbed and abnormal family situations that do not improve as the child's symptoms are reduced in the classroom.

References to these studies may be found in the reports listed in the References section of this program description.

Replication

Requests for additional information on this program and for permission to visit it should be directed to the clinic. Because of the limited nature of the clinic's funding, it is doubtful that it can provide consultation services on other than a limited basis.

References

Michigan Montessori Society Newsletter. Vol. 1, (2), April, 1970. p. 4.

Northwest Michigan Child Guidance Clinic 1968 annual report. Traverse City, Michigan.

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Young, John H. A community program to treat children with minimal brain dysfunction, including a special school program. Paper delivered at the 46th annual meeting, American Orthopsychiatric Association, New York, New York. March 30-April 2, 1969.

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D. PROGRAMS AVAILABLE

ON THE OPEN MARKET

1. Commercial Day Care
Nashville, Tennessee
Miami, Florida[1]

Until recently, even the best of day care programs tended to be small, bootstrap operations based in homes or renovated facilities and staffed by devoted but underpaid women. Many working mothers have been forced to put up with even less desirable day care arrangements. Despite the widespread existence of state day care regulations, they have proven difficult to enforce. It has been even more difficult to find interested and capable persons who could afford sponsorship of a high quality day care program. In recent years, private corporations, along with government, industry and educational institutions, have looked upon the day care field with great interest. A number of corporations (many of which have diversified interests in quick food franchises and other products) have launched national or regional day care programs (usually through franchises) based on the assumption that day care can be both good business and beneficial to children.

Commercial day care centers are designed primarily for normal children from upper or middle income families in which

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[1]This program description is based primarily on material obtained on two programs sponsored by private enterprise groups: American Child Centers, Inc., 1717 West End Avenue, Nashville, Tennessee 37203; and Kinder Care, E. C. K. Chivers and Associates, Inc., P.O. Box 1067, Buena Vista Station, Miami, Florida 33137.

both parents work. Most centers take children from three to six years of age, although a few admit children as young as 2 1/2 years old. Half-day preschool and kindergarten programs are also offered to attract children of nonworking mothers who need social experiences and for whom no public kindergartens are available. In some centers, drop-in baby sitting service is available on an hourly basis.

The program models offered in these programs vary from those stressing play to some which feature educationally-oriented activities. In general, these centers use a traditionally-oriented preschool model. All programs stress providing children with a secure, stable and stimulating environment that contributes to overall development.

Most commercial child care programs are intended to expand into national "chains." For example, American Child Centers, Inc., which is based in Nashville, Tennessee, plans to establish 1,500 child centers all over the country within a three-year period. It currently operates a franchised center in Frankfort, Kentucky, and additional centers are planned for Lexington and Louisville.

Some welfare departments have been able to apply Title IV A AFDC day care money towards "buying space" in these centers for children whose parents could not otherwise afford such services. In this way, an optimal mix of children from the variety of socio-economic groups is accomplished.

Objectives

1. To provide high quality child care within a preschool setting on an hourly, half or full day basis.

2. To provide a day care facility which can help meet the growing demand for day care services in individual communities.

3. To provide these services at a reasonable cost to upper and middle income parents.

4. To apply sound business principles to modern educational techniques in providing day care for young children.

5. To provide the owner of the franchised center with a profitable business investment.

Program Description

Because these commercial centers offer full day care, they are usually open over an 11- to 12-hour period, five days a week, from 6:00 or 7:00 a.m. until 5:30 or 6:00 p.m. Some centers stay open during evening hours and on Saturdays. Activities include play, eating and sleeping. Some programs feature field trips and educational experiences. Most centers provide nutritious meals (breakfast and lunch) and at least one snack. Children may be grouped according to age or, in more educationally-oriented programs, according to abilities and needs. Centers provide experiences which represent the best a good home has to offer plus additional social learning and creative experiences not available in a home. Parents are encouraged to observe and to meet with staff on planned and informal occasions.

Most centers are able to provide an overall ratio of one adult to every ten children. This ratio may vary depending upon the child's age, however, with younger children receiving more individualized attention. Center staff usually include a director, secretary-receptionist, licensed and certified teachers, teaching or child care assistants, a part-time registered nurse, a physician on call, a cook and a janitor. In general, centers are designed to accommodate 70 to 150 children.

A unique and very attractive aspect of a commercial day care center is the center itself. Many centers are in buildings constructed expressly for child care. They feature bright colors, spacious, well-lighted and ventilated interiors with carpeted floors. Playgrounds are spacious and attractively landscaped. Equipment and materials are very "up-to-date" and attractive to the eyes, ears and hands of a child. The more creatively

designed centers feature open floor plans which encourage a child to move from one activity area to another. Some centers have an amphitheater-like area for dramatic activities and viewing of audio-visual materials. In some programs the entire facility is on a child-size scale. American Child Centers, Inc., states that it provides 36 square feet of indoor space and 100 square feet of outdoor play area for each child enrolled.

Commercially-based child care is expected to operate at a profit. Because most programs are operated on a franchise basis, it is of interest to examine this process. Franchisers usually establish centers on a "package" basis. The buyer of the franchise purchases the right to run the center along with counseling as to the best site, architectural plans and assistance in construction, a complete stock of indoor and outdoor equipment, curriculum guides and activity materials, a staffing pattern, operational standards and management policies and assistance in advertising and public relations. Because of the public and profit-making nature of these programs, they are designed to meet or exceed minimum child care standards set by states and local areas. Buyers may obtain franchises for $18,000 to $34,000, depending upon the company. Most companies promise net profits ranging from $25,000 to $50,000 annually. Kinder Care, Inc., presents information on program costs and profits indicating that a center offering day care and preschool services and charging a $20 weekly fee for each child in full time care should realize a net profit of $27,675.30 for 70 children and $39,336.55 for a 100-child program. In general, fees for full day care range from $20 to $40/child a week, depending upon the area in which the center is located.

To maintain quality control, companies usually provide training to each center staff and periodic supervisory visits to insure that the program is being properly implemented and that the center is being efficiently managed. Programs are standardized for all centers as much as possible. Basic program aspects are usually designed by experts employed as advisory panels or as professional consultants working out of the company's headquarters. Most companies carry on research and development efforts to improve their programs and increase management efficiency.

Effectiveness

Currently, tight money and the credit crunch have slowed down the expansion of franchised day care programs. Because of the stock market slump and the degree to which franchising has been overdone in some markets, there are fewer businessmen looking for such investments. However, the basic attractiveness of investing in a program for little children remains and will probably insure the continuing growth of this particular market.

However, these programs will have to demonstrate their ability to maintain high standards and acceptable profit margins.

No evaluation of commercial day care centers was available for this description. There is widespread and understandable scepticism about whether the profit motive will obscure program quality. Some professionals in child welfare have insisted that if these programs do make profits, it will be due to over-crowding or understaffing. Other officials have objected that day care cannot be a profitable enterprise because of all of the supplementary health, medical and social work services needed. Businessmen reply by saying that these centers, which are primarily for advantaged families in urban areas, require fewer "extra" services than do programs for disadvantaged children. They also argue that government is not meeting the need for child care services and that it is time to give private enterprise a chance. Only time will tell whether the objections to commercial day care reflect a sour-grapes attitude or an accurate assessment.

Replication

The most obvious form of replication is for a local businessman to apply for a franchise with one of these companies. However, some firms, in addition to offering franchises, also offer consulting services in areas which are unable, because of population level or economic depression, to support such a center. It is possible that some of these firms may be interested in developing center programs which cater to middle-class children and a certain number of disadvantaged children who are subsidized by Federal or state funds. Inquiries should be addressed to the programs indicated on the first page of this description.

References

American Child Centers, Inc. Brochure.

American Child Centers, Inc. Descriptive papers.
Preface: A program approach based upon a philosophy of total child development.
Curriculum manual outline.
Division of education.
Woodmont Center, Nashville, Tennessee.

Breathitt firm to open first child care center. Courier-Journal, November 11, 1969.

Delaney, Paul. Businessmen adopt child care. New York Times, Saturday, December 27, 1969, Section C, 1-26.

For their formative years (descriptive pamphlet for East Frankfort, Kentucky, American Child Center).

Kinder Care: The franchise millions of parents are waiting to support. Brochure, prospectus and assorted pamphlets.

2. Cooperative Preschools
Parent Cooperative Preschools International
Regional Representative: Fairfax, Virginia, Mrs. Bunny Pierce[1]

Cooperatives represent an important way in which people can work together to achieve something that might otherwise be impossible. For example, agricultural cooperatives have helped farmers market pickles, pigs, and potatoes. Buying cooperatives enable people to get lower prices on feed, seed, gasoline, and groceries. Credit unions provide financial services to those who invest in them. Cooperative preschools are a way in which parents can provide preschool experiences for their children.

Parent cooperatives are classified as day care programs for purposes of this review. Most cooperatives are established for the benefit of mothers and preschool children from middle-class homes who need to spend some time away from each other during the day. Many parents join a cooperative preschool to provide social play experiences for their children. Since part-time assistance is usually required of mothers, women who work full time would find a cooperative less helpful than another form of day care. The type of program offered is usually a traditional nursery school curriculum. However, any program model can be adopted depending upon the preferences and

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[1]Parent Cooperative Preschools International, 20551 Lakeshore Road, Baie D'Urfe, Quebec, Canada. Regional representative: Mrs. Bunny Pierce, 4212 Penner Lane, Fairfax, Virginia 22030.

abilities of parents and hired staff. These programs usually do not include supplementary social work or health services.

The Women's Liberation Movement has recently sprouted day care centers across the country. Information about the program in your area may be obtained from the local Women's Lib headquarters.

Program Description

The cooperative preschool is a democratic organization in which every parent has a voice in the running of the school. Parent Cooperative Preschools International recommends a planning process which includes setting goals for the school, electing temporary officers, and setting up basic committees to handle the writing of by-laws, recruiting of staff and members, locating of housing, determining licensing requirements, and securing publicity.

In the cooperative preschool, there is usually one paid teacher. Each parent, however, assists the teacher for a specific amount of time. In order for the parent assistants to be good teachers, there is an adult education program. Since the preschool is a cooperative, learning by participation (rather than through lectures) is stressed in the adult education program. The parents learn through doing, discussing and reading.

The cooperative preschool also usually charges a fee set by the parents. It must be high enough to pay program costs, but not too high for parents to afford.

The Women's Lib centers stress similar experiences for all children and free the children's mothers for individual development.

Effectiveness

(This section is not applicable since no evaluation of cooperatives was available for review.)

Replication

The Parent Cooperative Preschools International publishes a series of booklets which provide useful guidelines for starting a cooperative nursery or kindergarten, hiring staff and

orienting parents (see References). These are valuable booklets and include outlines of many of the things that must be done if any type of preschool is going to be started. For example, it would be helpful to a Head Start Policy Advisory Committee to have the booklet on hiring teachers. The parent orientation booklet would be helpful for organizing a Parent and Child Center adult education program. In addition to the booklets, consultation is also available from this organization.

Since parents who collaborate on this type of arrangement usually reside in the same area, transportation problems are at a minimum.

In the case of a Women's Liberation group located on a campus, facilities can usually be found.

References

Parent Cooperative Preschools International guideline packet:
Fact sheet
Insurance information
Is this for my child? (Promotional material)
Offspring, Fall-Winter, 1969
The parent cooperative, Spring, 1970 (newsletter)
Safety in the preschools (bulletin)
Service booklets: publicity, orientation, teacher hiring and interviewing, starting a parent cooperative nursery or kindergarten.

3. Day Care for Working Mothers
KLH Child Development Center, Cambridge, Massachusetts, and others
Director: Mrs. Kate B. LaFayette[1]

Until recently, working mothers have had the responsibility for finding day care services for their children. Relatives and private centers were the main sources. Quality and stability of care as well as cost were among the many problems encountered. Industry, unions, and government agencies are now becoming involved in providing day care for their employees' children as both a fringe benefit and a work incentive.

The following program description reflects a composite of four day care programs run for working mothers. The specifics of program operation differ with each program. However, the important thing they have in common is that they were started to provide a good environment for the child while his mother is at work, and that the organization which supports the program will gain in efficiency, production, and profits from its support. One exception is a program which provides day care in order to allow the agency (in this case the U.S. Department

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[1]This program description is a composite of the following programs: Mr. Sam Nocella, Manager, Baltimore Regional Joint Board, Amalgamated Clothing Workers of America, AFL-CIO, 1505 Eutaw Place, Baltimore, Maryland 21217; Mrs. Kate Bulls LaFayette, Executive Director, KLH Child Development Center, Inc., 38 Landsdowne Street, Cambridge, Massachusetts 02139; Mr. Ned Thompson, Personnel Director, Skyline Textile Company, Highway 181, Morganton, North Carolina 28655; and Mr. Thomas C. Taylor, National Capital Area Child Day Care Association, 1020 Third Street, NW, Washington, D. C. 20001.

of Labor) to train unemployed and underemployed mothers and to hire graduates of training programs who would not be able to go to work if they did not have day care for their children.

Daily activities in the four programs reviewed appear to be of the traditional "care and protection" variety. However, being day care centers for working mothers would not limit in any way the type of program model chosen.

The age of the children enrolled in the programs varies because of state laws. The general rule is that children may be enrolled at around two years of age or when they are toilet trained and continue until they are in first grade.

Day care centers for working mothers are run by either a private nonprofit corporation or by the company itself. There is no evidence available as to the best approach; and it would seem that the center is run by whoever gets the idea for it in the first place.

Some centers are limited to the children of employees of a plan or members of a specific union, while others extend open participation to the community at large.

Objectives

The objectives of day care centers for working mothers are to:

1. Provide an enriched, stimulating, and protected environment for children of working mothers.

2. Provide the sponsoring company with the benefits of reduced turnover, reduced training costs, reduced absenteeism, reduced tardiness, and increased production from mothers who are not worrying about the health, safety or whereabouts of their children.

3. Allow unemployed and underemployed mothers to work who would not be able to do so if day care was not available.

Program Description

In looking at day care programs for working mothers, the most important feature is how they come into existence and how they are funded. First of all, the four which were reviewed are in fields which employ a high percentage of women. The clothing industry, for example, employs 20 per cent men and 80 per cent women. It can readily be seen how the objectives of day care for working mothers are appropriate in this industry. Secondly, it depends on who has the idea for the center. In three examples, it was the company or agency which initiated the idea. In the fourth example, it was a union asking for a fringe benefit, but "selling" it to the company on the basis of the advantages it would have for the company.

The source of funding for day care centers for working mothers varies widely. The union-operated centers rely upon negotiated agreement whereby the clothing industry pays an amount equal to two per cent of employees' salaries to the union health and welfare fund. Another center receives support from the company for operating expenses, but receives money for building and renovation expenses from private foundations and federal government sources. In the third example, the company is the prime supplier of all funds.

Although the companies and agency provide the majority of the funds, the mothers are required to pay a fee in all cases. The fees range from $1.00 to $37.50 per week. Two centers have sliding scales ($5 to $20 and $1 to $25 per week) depending on the income of the employed mother. One center indicates that its costs are $38.00 per week per child (excluding rental and initial equipment costs), while the average payment per child per week is $5.50. The difference is provided by Federal subsidy.

The centers are open during the normal daytime working hours of the organization, approximately 6:30 a.m. to 5:30 p.m. One center stays open on Saturday morning with a smaller staff to accommodate those working mothers who have to work that shift. Because the centers are located on or near the plant grounds or agency offices, the working mothers are responsible for transporting their own children to and from the centers.

Several of the centers reviewed have daily health inspections by a registered nurse as part of the day care program. Others rely on examinations and immunizations provided by physicians either prior to or shortly after the child's admission to the center. This standard is usually set by state laws as are the standards for safety, sanitation and the general operation of the center.

One center has made a special effort to involve parents. Monthly meetings are held with cab fare being provided for those whose transportation problems would be a hardship. This same center also has parent/teacher conferences and luncheon meetings.

The KLH Center is equipped to accommodate sixty children, 2 1/2 to 6 years old, with the ratio one adult to every six children. A head teacher, two additional teachers, eight teaching aides, a director and an assistant director (who was a trained social worker) comprise the staff. The assistant director's duties included acting as family consultant. She communicates to parents the value of a structured preschool educational environment, counsels parents on family problems through home visits, acts generally as a liaison between parent, school, and child on daily matters. Facilities include an outdoor recreation area, three classrooms, a parent's room, an Infirmary for slightly ill children, a large all-purpose room used as an indoor play area and lunchroom, offices, and two lavatories for children. The daily program is balanced between free play, group activity, individual projects, rest, two meals and two snacks.

Effectiveness

One program is being evaluated under a Federal grant,[1] another has been evaluated by a private consulting firm,[2] while others will be evaluated by the clothing industry itself to insure that they meet the objectives for which the companies are paying. One evaluation available at this time[2] indicates that the parents and supervisors were pleased with the program and that the children benefited from it. Recommendations to lower the minimum age to 1 1/2, provide transportation, improve the recruiting process for unemployed and underemployed mothers, and publicizing the center were made. No objective data were cited in this evaluation, however, as to the effectiveness of the program.

Replication

Although only one specific mention of replication is made in the materials reviewed, it would appear that the four programs all would be very receptive to invitations and requests for site visits and consultation.

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[1]The KLH Child Development Center.

[2]Nellum, A. L. and Associates. Evaluation of employer-sponsored child day care center for children of Department of Labor employees, Washington, D. C., September, 1969.

References

Borne, Mel (Ed.). Venture in Child Care, The Baltimore Regional Joint Board, Amalgamated Clothing Workers of America, Baltimore, Maryland, 1968.

KLH Child Development Center, Inc. Fact sheets, Cambridge, Massachusetts, May 1969 and May 1970.

Low, Seth and Spindler, Pearl G. Child Care Arrangements of Working Mothers in the United States. U.S. Department of Health, Education, and Welfare and U.S. Department of Labor, 1968.

Nellum, A. L. and Associates. Evaluation of employer-sponsored child day care center for children of Department of Labor employees. Final report to National Capital Area Child Day Care Association, Inc., Washington, D. C., September, 1969.

Rosenberg, Beatrice and Spindler, Pearl G. Day care facts. Women's Bureau, Wage and Labor Standards Administration, U.S. Department of Labor, Washington, D. C. (undated).

Skyline Textile Company. Untitled program description, Morganton, North Carolina (undated).

Stats, Jeanette (Ed.). Report of a conference on day care and the working mother, The Baltimore Regional Joint Board, Amalgamated Clothing Workers of America, Baltimore, Maryland, June, 1968.

Stevenson, Gloria. Day care small fry pose big problem, Manpower Magazine, Manpower Administration, U.S. Department of Labor, Washington, D. C., August, 1969.

Taylor, Thomas C. Final report. National Capital Area Child Day Care Association, Inc., Washington, D. C., October 1, 1969.

Who are the working mothers? Women's Bureau, Wage and Labor Standards Administration, U.S. Department of Labor, leaflet 37 (rev.), May, 1970.

Working mothers and the need for child care services. U.S. Department of Labor, Washington, D. C., June, 1968.

4. Family Day Care
Department of Social Welfare, Rochester, New York
Director: Frank A. Foley, M.S.S.W.[1]

Family day care is one delivery system among many that is available and in use to provide day care for children. Family day care is carried on in a day care home rather than a day care center. The advantages it has are that it is usually closer to the child's home, is less expensive to get started (no large cash investment in equipment, supplies and facilities), frequently provides income for persons who are in need of it, and provides a home-like environment for a child who needs a family day care setting.

The family day care program in Monroe County (Rochester), New York was started in 1962. The eligibility requirements were focused on the family, and only families on public assistance were able to participate. Legislation later made money available for family day care for children of families who are not on public assistance.

The family day care program serves the following type of families for the most part:

> Young families in which the father is a graduate student in one of the local institutions of higher learning, and the mother is the main breadwinner.

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[1]Frank A. Foley, M.S.S.W., General Case Supervisor, Division of Child Welfare, Monroe County, Department of Social Welfare, Rochester, New York, is director of this program.

Families of divorced parents in which the mother is employed and carries full responsibility for rearing the children.

Families undergoing severe crises, where the child is caught in the middle of his parents' problems.

The children served by family day care range in age from two months to twelve years. The majority of the children are under five years of age.

Objectives

The objectives of this family day care program are to:

Provide a wholesome, enriched experience for children whose family situation requires that they have this type of experience to make up for the problems at home, and

Provide a safe, supervised place where mothers who must work can leave their children.

Program Description

The State Bureau of Child Welfare has responsibility for approving the day care homes but the county division of child welfare finds the homes. They must meet the standards which the Bureau established. The county public assistance division provides funds for those children from families receiving public assistance.

A child welfare supervisor with graduate training is responsible for implementing the program. She approves the day care homes and placement of children. She contacts public and private agencies and organizations in order to find the

homes.[1] A rule was established that the day care home must be within walking distance of the child's own home.

None of the activities for the children who were placed in the day care homes were identified in the materials reviewed. There should be, however, no limitation placed on the type of program which could be provided just because the program takes place in homes. Any one of a number of child development program models would be appropriate. It must be remembered that the program includes only a few children in each home and that their ages may vary greatly.

There is an attempt to provide social work services for the families through the family day care caseworker. This is limited due to competing demands on her time and the lack of trained personnel in the agency.

Effectiveness

It is noted that recruiting day care homes in the same neighborhood as the one that the children come from is very difficult. This is true because the children come from low-income families and live in low-income neighborhoods where it is difficult to find homes which meet the agency's standards.

Another problem is the need to provide more social work services for the families of the children enrolled in the program. It is felt that the family problems have to be worked out as these frequently cause the need for day care. This will depend primarily on the agency having sufficient funds to hire enough staff and to attract and hold qualified people.

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[1]Another method of matching providers and users of family day care is the Day Care Neighbor Service developed by the Tri-County Community Council of Portland, Oregon (see References). In this program, social workers select neighborhood women ("Day Care Neighbors") because of their knowledge of community needs and their ability to get along with people. Day Care Neighbors then try to match those people who need day care with those women who want to provide it. The Day Care Neighbors counsel with both givers and users of day care to insure the placement will result in stable and beneficial care over a reasonably lengthy period of time. The social workers help the Day Care Neighbors understand their job and how to work with people more effectively. Each social worker supervises approximately 13 Day Care Neighbors, and each Day Care Neighbor works with approximately 50 to 75 mothers, children, and providers of day care service. Day Care Neighbors receive $25 per month. A handbook on this program is available (see References).

Replication

No indication of replication possibilities is presented in the material, but the agency would probably be more than happy to provide consultation or site visit opportunities. A number of handbooks on family day care are available from the Children's Bureau, U.S. Department of Health, Education, and Welfare, Washington, D. C.

References

Collins, Alice H. Some efforts to improve private family day care. Children, July-August, 1966, pp. 135-140.

_____ and Watson, Eunice L. The day care neighbor service: A handbook for the organization and operation of a new approach to family day care. Field Study of the Neighborhood Family Day Care System, 2856 Northwest Savier, Portland, Oregon, 1969.

Foley, Frank A. Family day care for children, Children, July-August, 1966, pp. 141-144.

E. DAY CARE PROGRAMS IN OTHER COUNTRIES

Every modern nation is concerned about children and each faces many of the same problems of assuring optimal development of children in times of change and dislocation. Indeed, by some measures the United States falls behind others in providing for the care of children.

The United States is the only major western nation that does not provide a family allowance to help support its children, and is the only major nation that does not assure adequate medical services for children.

Hunger, untreated illnesses, and inadequate care are still the lot of uncounted thousands of American children.

Although there are many excellent programs for infants in every European nation, we have selected three for brief description. Each is well known; each has an extensive literature, and each can serve as a basis for stimulating discussion in a training program.

The Soviet Union has long reared its children in central nurseries, freeing their mothers to do other work and ensuring certain minimum standards of child care. As a uniform national program, it could develop detailed training and specifications for rearing infants. Their training manual, "The Upbringing of Young Children in Children's Establishments," by Shchelovanova and Aksarina, is a remarkable volume. Its translation of child development knowledge and firmly-defined goals into detailed program activities is a unique accomplishment.

The kibbutz nursery is a technique of cooperative group rearing of infants adopted by Israeli farmers mutually to solve a practical economic problem. Children raised in kibbutz nurseries have done well, and many present Israeli adults are products of that system.

The Metera is a foundling home in Athens. Foundling homes have largely disappeared in the United States because the way they were usually operated damaged many infants. The Greek solution is to improve the foundling home instead of depending on an uncertain supply of foster homes of indeterminate quality. The additional cost in infancy, they believe, will save much larger sums in the care of damaged adults later. Its emphases on the importance of joy and gaiety in the lives of children is one we could well emulate.

The trainer interested in more detail than these descriptions provide should turn to the article by Meers and Morans in New Perspectives in Early Child Care, L. Dittman (ed.), (New York: Atherton Press, 1968).

1. Child Care Programs of the U.S.S.R.

In 1964, ten per cent of the Soviet preschool population (three months to seven years of age) were enrolled in some kind of day care program while their mothers were at work. It is planned that one third of all preschoolers will be involved by 1970 and 100 percent by 1980. There are three types of preschool care: (1) Five to ten hours of care are provided during the day and the children return to their families at night and on the weekends. (2) Boarding care is provided for the child five-and-one-half days a week and the child returns home for weekends and holidays. (3) Residential care, in which the child remains full time, is used only when no other alternatives are open to the child.

The ideal child care arrangements provide a nurse "upbringer" and an assistant called "nyanya" for every seven or eight young babies. As the children grow older, the ratio of children to upbringer doubles.

Families are encouraged to become involved in the creches (day care centers) through frequent conferences with the upbringers, lectures, and discussion groups.

The program content is carefully prescribed by the Ministry of Education. The procedures which the upbringers are to use to provide maximum physical, emotional, and intellectual development are clearly outlined in a text that is prepared for training of staff members in the creches. A great deal of attention is paid to positive reinforcement and warm, tender relationships with the children.

The children's teachers are treated with great esteem, as they are responsible for shaping the character of future Soviet citizens in a partnership with the child's parents. There is a great deal of stress on group goals, sharing and cooperative play that is a large philosophical component of Soviet ideology. The programs emphasize health (frequent visits are made by pediatricians), proper nutrition and hygiene interspersed with a great deal of personal interaction.

Children are separated into four age groups: (1) infants to nine to ten months of age; (2) eleven to twelve to fifteen months; (3) sixteen months up to twenty to twenty-two months; (4) twenty months to three years. Specific schedules are established with sequenced activities for each age group.

With all the emphases on collective living, individual differences are recognized and an attempt is made to incorporate these into the daily program.

2. Israeli Group Child Rearing Methods in Kibbutzim

On the collective farms (kibbutzim) of Israel, women have had to take up many work responsibilities outside of the home in order to meet the needs of survival - to provide labor to convert desert to farmland and to defend that land. Specially trained caretakers called metaplot (plural) provide the care considered necessary to raise a healthy and cooperative child. The metapelet (singular) is chosen by members of the kibbutz after she has demonstrated an aptitude in working with children. After completing high school and army service, she is sent for a three-month training course at Oranim. The curriculum includes courses in child development, child care, and working with parents as well as philosophy and ideals of the kibbutz movement. The training is supported by later visits to the kibbutz by psychologists and refresher courses are offered periodically.

Child rearing techniques vary according to the style of the metapelet and the philosophical bent of the kibbutz.

The program for infants generally starts with short visits to the children's cottages in their first year of life. The mother provides most of the care during this period until she returns to her job. The infant is part of a group of four to eight children, but keeps contact with his parents through evening periods, the Sabbath spent together, and visits during slack work periods.

As the children grow older, the groups are merged and the ratio of children to metapelet increases.

One of the advantages of this kind of program is that there is less conflict in the parent-child relationship, since most of the disagreeable tasks of training and discipline are left to the metapelet and the parents are viewed as sources of love and pleasure.

3. The Metera Babies' Center in Athens, Greece

The principal purpose of the Metera (Greek for mother) Babies' Center in Athens, Greece, is the care of babies of unwed mothers, from newborn to about three months, and placement as soon thereafter as possible. The facility accommodates about one hundred fifteen babies. Their ages range from neonate to about three years, reflecting the difficulties of placement.

In meeting its first objective, the care and development of the potential of the newborn, the Metera Center is considered outstanding. The results obtained may be ascribed to the excellent staff and the effective well-baby nursing training program of the Center. It is highly significant that the baby:staff ratio approaches 1:1 on a twenty-four-hour basis.

The Center provides one pavilion for neonates and eight pavilions for babies. Each of the eight pavilions accommodates twelve children and four resident, graduate nurses, who are assisted by student nurses. The children are attended by four pediatricians.

The Center offers a three-year training program for nurses. Applicants must be high school graduates, unmarried, and between eighteen and twenty-five. Initial selection is based on written tests, interviews, and medical examination, but final selection is made after five months of training. Courses are given in the humanities as well as in conventional aspects of baby and child care.

F. GENERALIZATIONS ABOUT GROUP CARE FOR INFANTS

If their mothers are able to care for them the babies are returned; otherwise efforts are made to arrange for adoption. However, it is necessary to place some children in foster homes and other institutions. Prospective adoptive parents are required to visit the baby daily for a month; it has been noted that during this period the rate of developmental growth of the baby often accelerates. Thus babies who remain at the Center longer than a three-month period, for which the setting was primarily designed, do not as a rule continue in subsequent months the exceptional progress that observers have reported occurs in the first few months. Meers and Morans, for example, speak of the "predominantly happy and healthy babies at Metera."

Although it was founded and originally funded by the Greek government, the Metera Babies' Center is a private institution rather than an instrumentality or agency of the government.

Generalizations About Group Care for Infants

(1) As a culture, we seem to disapprove of group care of infants if mothers are not working or involved in some "productive" activity. The need for time alone when there are young children in the family is acceptable only for the affluent. For the poor or working mother, infant care is given in exchange for money which is dear, attendance at meetings or training programs, or some other type of involvement.

(2) Bettye Caldwell has said that "the development of a young child is fostered by a relatively high frequency of contact with a relatively small number of adults."

(3) "No institution is as interesting for the young child as a home"....Sybil Escalona.

(4) There is a widespread assumption that if a person has had training in the human services he doesn't need any special training for infant care.

(5) Other than experimental programs, most child care environments are adult-oriented, i.e., a mobile is placed in a crib so that it is attractive for the adult, but seldom looked at from the infant's point of view. Institutions are concerned with cleanliness, but seldom provide the visual, tactile, and sensory materials that help promote the child's intellectual, motor, and social skills.

(6) Most descriptions of day care settings in institutions seem to provide either warm interpersonal relations or encouragement of curiosity and motor skills, but rarely both.

Exclusive of the experimental programs, few infant care settings show any real concern for how children learn or for any systematic approach to stimulating learning in the young child. Lois Barclay Murphy has formulated the basic areas necessary for a child care program to foster the emotional, social, intellectual, and physical development of infants and young children.

a. Adequate Nutrition. Proteins, vitamins, minerals and other nutrients required for the development of young children.

b. Ability to deal with the baby in distress. How to handle the baby with colic, digestive problems, diarrhea, constipation, or a susceptibility to infection, and the understanding that there are emotional and mental consequences of distress in early infancy.

c. Stimulation designed to meet the infant's needs, tolerance level, and capacity for enjoyment.

d. Talking to the baby.

e. Opportunities for exercise of emerging sensory-motor functions. This may be accomplished by providing children with appropriate toys and activities that encourage touching, feeling, throwing. Adults or older children playing with the infant provide the feedback necessary for him to feel pleasure and mastery in his accomplishments.

f. Encouragement of the baby's efforts to make himself comfortable, amuse himself, feed himself, and master new skills.

g. Continuity in a few basic, warm relationships with a mother, father, sisters, brothers and relatives.

These generalizations are applicable to a variety of settings: individual children in the home; small groups of children gathered at one home; or a large group in a day care center away from home.

So crucial is the matter of early growth that we must make a national committment to providing all American children an opportunity for healthful and stimulating development during the first five years of life.

President Richard M. Nixon
February 24, 1969

G. APPENDIX

1. Bibliography

For those with similar concerns, some materials - useful, informative, stimulating.

1. Allen, W., and Campbell, D. The Creative Nursery Center. New York: Family Service Association of America. 1948.

2. Association for Childhood Education International. Bits and Pieces. Imaginative Uses for Children's Learning. Bulletin 20-A. Washington, D.C.: ACEI. 1967.

3. Chandler, D. A., Lourie, R. S., and Peters, A. DeH. Early Child Care. The New Perspectives. New York: Atherton Press. 1968.

   (Especially the first five chapters: "A New Look at the Young Child: Development and Individuality." Also, Chapter 6: "Assessment of Infants and Young Children.")

4. Christianson, H. M., Rogers, H. M., and Ludlum, B. A. The Nursery School. Adventure in Living and Learning. Boston: Houghton Mifflin Company. 1961.

5. Dittman, L. Children in Day Care with Focus on Health. Washington, D. C.: U.S. Department of Health, Education, and Welfare. Children's Bureau Publication No. 444. 1967.

6. Fraiberg, S. H. The Magic Years. New York: Charles Scribner's Sons. 1959.

7. Ginott, H. G. Between Parent and Child. New York: MacMillan Company. 1965.

8. Gornicki, B. "The Development of Children in the Family and in Day-Care Centres in Poland." (In) Care of Children in Day Centres. Public Health Papers No. 24. Geneva: World Health Organization. 1964.

9. Green, M. M., and Woods, E. L. A Nursery School Handbook for Teachers and Parents. Sierra Madre, California: Sierra Madre Community Nursery School Association. 1955.

10. Hymes, J. L. A Healthy Personality for Your Child. Washington, D.C.: U.S. Department of Health, Education, and Welfare. Children's Bureau Publication No. 337. 1952.

11. Infant Care. Washington, D.C.: U.S. Department of Health, Education, and Welfare. Children's Bureau Publication No. 8. 1963.

12. Jenkins, G. G., Shacter, H. S., and Bauer, W. W. These Are Your Children. Third Edition. Chicago: Scott, Foresman, Inc. 1966.

13. Provence, S. Guide for the Care of Infants in Groups. New York: Child Welfare League of America, Incorporated. 1967.

14. Spock, G., and Reinhart, J. A Baby's First Year. (Photographs by Wayne Miller.) New York: Duell, Sloan and Pearce. 1955.

15. Stone, L. J., and Church, J. Childhood and Adolescence. Second Edition. New York: Random House. 1968.

(Especially chapters 2 and 3: "The Infant"; chapter 5: "The Toddler"; and chapter 4: "Developmental Principles and Approaches.")

16. What to Expect of Baby from One to Twelve Months. A Camera Record. (From) Baby Talk Magazine. Co-authored with Department of Pediatrics, School of Medicine, Duke University. (No date.)

17. Wolf, K. M. As Your Child Grows: The First Eighteen Months. New York: Child Study Association of America, Incorporated. 1955.

18. Woodcock, L. P. Life and Ways of the Two-Year-Old. New York: E. P. Dutton and Company, Incorporated. 1941.

Well-written pamphlets on a variety of topics are in demand by the staffs of child care centers, eseecially the Nursery Assistants, who like to read while they sit near children who are napping. The following agencies have booklets and pamphlets of particular interest:

1. Association of Childhood Education International
   3615 Wisconsin Avenue, N.W., Washington, D.C. 20016

2. Child Study Association of America, Incorporated
   9 East 89th Street, New York, N. Y. 10028

3. Edmund Scientific Company
(Smarter, Healthier, Happier Babies Through an Enriched Environment)
150 Edscorp Building, Barrington, New Jersey 08007

4. Group Hospitalization, Inc.
(Blue Cross Report: The Modern Baby)
550 12th Street, S. W.
Washington, D. C. 20024

5. Metropolitan Life Insurance Company
1 Madison Avenue, New York, N. Y. 10010

6. National Association for the Education of Young Children
1629 21st Street, N. W., Washington, D. C. 20009

7. Public Affairs Committee, Incorporated
381 Park Avenue South, New York, N. Y. 10016

8. Science Research Associates, Incorporated
259 East Erie Street, Chicago, Illinois 60610

9. Teachers College Press, Teachers College, Columbia University
525 West 120th Street, New York, N. Y. 10027
(Especially: Parent Teacher Series and Early Childhood Education Series)

The following documents have been prepared in multiple copies in response to numerous requests. They may be obtained by writing:

Infant Care Project
Institute for Child and Family Development
University of North Carolina at Greensboro
Greensboro, North Carolina 27412

1. Suggested List of Equipment for Infant Center

2. Basic Understandings Between the University of North Carolina at Greensboro and the Presbyterian Church of the Covenant, Greensboro

3. A Summary of the Essential Understandings Between the Demonstration Nursery Center and Its Patrons

4. Staff Responsibilities - Job Descriptions
UNC-G/Children's Bureau Demonstration Project

5. Project Proposal and Progress Reports (1966-1969)

6. Brochure describing the Demonstration Nursery Center

7. What Parents Should Look For . . . Special Provision for Infants and Toddlers (Leaflet)

2. Recommended Supplementary Materials

1. An Annotated Bibliography on Children
   Prepared by the Department Library, Department of Health, Education, and Welfare, for the White House Conference on Children, December 13-18, 1970.

2. A Developmental Approach to Casefinding
   Public Health Service Publication No. 2017-1969. (First issued in 1967 as Children's Bureau Publication No. 449.) For sale by Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

3. Children's Bureau Research Reports
   Write to: Public Information, Children's Bureau, U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Washington, D.C. 20202. (Many other valuable pamphlets pertaining to children 0-6 may be obtained from this source.)

4. Follow-Through Program Approaches
   Follow-Through Program, U.S. Office of Education, 400 Maryland Avenue, S.W., Washington, D.C. 20202.

5. It Works: A Series of Successful Compensatory Education Programs. For information on any of the following booklets, write to: Information Officer, Division of Compensatory Education, U.S. Office of Education, Washington, D.C. 20202.

   A. Preschool Program in Compensatory Education

      Preschool Program, Fresno, California OE-37034
      *Infant Education Research Project, Washington, D.C. OE-37033
      Early Childhood Project, New York City, OE-37027
      *Perry Preschool Project, Ypsilanti, Michigan OE-37035
      Diagnostically Based Curriculum, Bloomington, Indiana OE-37024
      Academic Preschool, Champaign, Illinois OE-37041

   B. Elementary Program in Compensatory Education

      More Effective Schools, New York City OE-37042
      Intensive Reading Instructional Teams, Hartford, Conecticut OE-37038
      After School Study Centers, New York City OE-37036
      Self-Directive Dramatization Project, Joliet, Illinois OE 37037
      Project Concern, Hartford, Connecticut OE-37030

Elementary Reading Centers, Milwaukee, Wisconsin OE-37031
School and Home Program, Flint, Michigan OE-37023
Programmed Tutorial Reading Project, Indianapolis, Indiana OE-37029
Speech and Language Development Program, Milwaukee, Wisconsin OE-37028

C. Elementary-Secondary Program in Compensatory Education

Homework Helper Program, New York City OE-37025
Communication Skills Center Project, Detroit, Michigan OE-37039

D. Secondary Program in Compensatory Education

Junior High Summer Institutes, New York City OE-37026
Project R-3, San Jose, California OE- 37040
College Bound Program, New York City OE-37032

6. Getting Baby Ready To Talk: a home-study plan for infant language development, produced for the Children's Bureau by the John Tracy Clinic, an education center for preschool deaf children and their parents. Write to: Dr. Donald A. Harrington, Speech and Hearing Consultant, Division of Health Services, Department of Health, Education, and Welfare, Washington, D. C.

   The John Tracy Clinic Correspondence Course for Parents of Preschool Deaf Children may be ordered directly from: John Tracy Clinic, 806 West Adams Boulevard, Los Angeles, California 90007.

7. An excellent clearinghouse of information on programs and materials in early childhood operates out of the College of Education, University of Illinois at Urbana-Champaign. Write to: Educational Resources Information Center (ERIC), Early Childhood Education, 805 W. Pennsylvania Avenue, Urbana, Illinois 61801; Lillian G. Katz, Director; Barbara B. O'Neil, Assistant Director.

3. Film Suggestions

From Cradle to Classroom — Color, 55 minutes

This outstanding film was originally produced for the CBS program "21st Century." Five major infant education programs are presented, as well as interviews with several of the educators responsible for these programs: Dr. Ira Gordon, Dr. Ron Lally, Dr. Bettye Caldwell, Dr. Seigfried Engelmann. The film is 16 mm., sound, in color, and can be obtained for a small rental fee from McGraw Hill; Film Rentals, Textbook Division; Hightstown, New Jersey.

Jenny Is a Good Thing — Color, 18 minutes

This nutrition education film shows four- and five-year-old Head Start children sampling new foods, setting up for meals, and cleaning up afterwards. Mealtime is a happy time. Burt Lancaster narrates. Title song, "Jenny," is an original music score by Noel Stokey of Peter, Paul, and Mary music fame.

Take a Running Start — Color, 20 minutes

The Raleigh County, West Virginia, OEO Center and the Department of Education at the University of West Virginia cooperated to produce this film. Health, education, and nutrition aspects of a child development program are presented. The Home Head Start program of West Virginia would be applicable to other rural settings. Training techniques for local mothers are included.

Hey, Look At Me — Color, 12 minutes

The Raleigh County OEO Center decided to get a child's eye view of the world. A group of 10 three-year-olds were equipped with small cameras and taken through the West Virginia countryside. The trip included a visit to the fire station and to the homes of children less fortunate than they.

Pancho — Color, 24 minutes

This is a film on the experiences of the National Head Start Child of the Year, Pancho Mansera, of San Luis Obispo, California. Head Start medical examinations found Pancho was suffering from acute hypothyroidism. The film depicts Pancho during the course of extensive medical treatment, changing from a listless, apathetic child into a happy, energetic youngster.

Abby's First Two Years — B/W, 30 minutes

This film, which concentrates on the first two years of a developing child, shows the interaction between mother and child, the acquired skills of the child on a monthly and bi-monthly basis, and the action of the child with other children. It is a retrospective view, beginning at age two, and working backward to the first days of life. The film is an excellent study of healthy development, with very specific insights into language, and the growth of emotional and intellectual concepts.

Head Start Volunteers — Color, 7 minutes

Several television spots were combined to form this fine recruitment film for Head Start volunteers. The warm, responsive character appropriate for a good child-care worker is evident.

Many of these films and others can be obtained free of charge from Modern Talking Picture Service Film Libraries. The addresses of these distributors are attached.

4. Addresses and Managers of Modern Talking Picture Service Film Libraries

Atlanta, Georgia 30308
714 Spring Street, N.W.
Mr. Thomas L. Gunter
(404) 875-5666

Boston, Massachusetts 02134
1168 Commonwealth Avenue
Mr. James Lowe
(617) 734-3732

Buffalo, New York 14202
c/o Buchan Pictures
122 West Chippewa Street
Mr. Fred Buchan
(716) 853-1805

Cedar Rapids, Iowa 52404
c/o Pratt Educational Media, Inc.
200 Third Avenue, S.W.
Mrs. Louise Nordstrom
(319) 363-8144

Charlotte, North Carolina 28202
503 North College Street
Mr. Max Austin
(704) 377-2574

Chicago, Illinois 60611
160 E. Grand Avenue
Mr. William Gallagher
(312) 467-6470

Cincinnati, Ohio 44115
9 Garfield Place
Mrs. Rosalie Kuwatch
(513) 421-2516

Cleveland, Ohio 44115
c/o Film Programs, Inc.
2238 Euclid Avenue
Mr. Al Shobel
(216) 621-9469

Dallas, Texas 75207
1411 Slocum Street
Mr. Ed Cothran
(214) 742-4106

Denver, Colorado 80204
c/o Cromar's Modern Films
1200 Stout Street
Mr. R. Kenneth Cromar
(303) 244-4621

Detroit, Michigan 48235
15921 W. 8 Mile Road
Mr. Kermit Cable
(313) 273-2070

Harrisburg, Pennsylvania 17105
c/o J. P. Lilley & Son, Inc.
2009 North Third Street
(P.O. Box 3035)
Mr. J. K. Lilley
(717) 238-8123

Honolulu, Hawaii 96813
c/o Film Services of
Hawaii, Ltd.
742 Ala Moana Boulevard
Mrs. Arlayne Rosenstock
581-928

Houston, Texas 77027
4084 Westheimer Road
Mr. Curtis Hensley
(713) 622-3841

Indianapolis, Indiana 46204
115 East Michigan Street
Mrs. E. S. Poff
(317) 635-5331

Kansas City, Missouri 64111
3718 Broadway
Mrs. Helen Bertsch
(816) 561-1208

Los Angeles, California 90038
1145 N. McCadden Place
Mr. Harry Sanford
(213) 469-8282

Milwaukee, Wisconsin 53202
c/o Roa's Films
1696 North Astor Street
Mrs. Roa K. Birch
(414) 271-0861

Minneapolis, Minnesota 55420
9129 Lyndale Avenue S.
Mr. Cairan Eigen
(612) 884-5383

New York
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York State and the boroughs
of Brooklyn, Queens and
Richmond in New York City.

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1410 Howard Street
Mr. Keith T. Smith
(402) 341-8476

Philadelphia, Pennsylvania 19107
1234 Spruce Street
Mrs. E. H. Dunn
(215) 545-2500

Pittsburgh, Pennsylvania 15222
910 Penn Avenue
Mr. Hal Smith
(412) 471-9118

St. Louis, Missouri 63103
c/o Swank Motion Pictures, Inc.
201 South Jefferson Avenue
Mr. P. Ray Swank
(314)534-5211

San Francisco, California 94105
16 Spear Street
Mr. William Schweizer
(415) 982-1712

Seattle, Washington 98103
c/o Rarig Presentation
Services, Inc.
2100 North 45th Street
Mrs. E. A. Rarig
(206) 633-3878

Washington, D. C. 20036
Suite 4, 2000 "L" Street, N.W.
Mrs. Maria Denis
(202) 659-9234

5. Research Components
National Program on Early Childhood Education

1. Dr. Ronald Henderson
   Arizona Center for Early Childhood Education
   Research and Development Center
   College of Education
   University of Arizona
   Tucson, Arizona 85721

2. Dr. Joseph Wepman
   Early Education Research Center
   University of Chicago
   5801 S. Kenwood Ave.
   Chicago, Illinois 60637

3. Dr. Henry Ricciuti
   Cornell Research Program
   in Early Childhood Education
   Department of Child Development
   and Family Relationships
   College of Home Economics
   Cornell University
   Ithaca, New York 14850

4. Dr. Barbara Etzel
   Department of Human Development
   Research Center for Early Childhood Education
   University of Kansas
   Lawrence, Kansas 66044

5. Dr. Susan Gray
   DARCEE
   John F. Kennedy Center for Research in
   Education and Human Development
   George Peabody College for Teachers
   Nashville, Tennessee 37203

6. Dr. William Meyer
   Syracuse University Center for Research
   and Development in Early Childhood Education
   150 Marshall Street
   Syracuse, New York 13210

7. Dr. George Sheperd
   Center for Research and Demonstration in
   Early Education of Handicapped Children
   University of Oregon
   Eugene, Oregon 97403

6. Regional Educational Laboratories

AEL
Dr. Benjamin Carmichael
Appalachia Educational Laboratory
1031 Quarrier Street
P.O. Box 1348
Charleston, West Virginia 25325
(304) 344-8371

CEMREL
Dr. Wade M. Robinson
Central Midwestern Regional
Educational Laboratory
10646 St. Charles Rock Road
St. Ann, Missouri 63074
(314) 429-3535

CUE
Dr. Robert Dentler
Center for Urban Education
105 Madison Avenue
New York, New York 10016
(212) 889-7277

EDC
Dr. Robert Hind
Education Development Center
55 Chapel Street
Newton, Massachusetts 02160
(617) 969-7100

ERIE

Dr. Richard Wallace
Eastern Regional Institute
for Education
635 James Street
Syracuse, New York 13203
(315) 474-5321

FWLERD

Dr. John Hemphill
Far West Laboratory for Educational
Research and Development
Claremont Hotel, 1 Garden Circle
Berkeley, California 94705
(415) 841-9710

McREL
Dr. Robert Stalcup
Mid-Continent Regional
Educational Laboratory
104 East Independence Avenue
Kansas City, Missouri 64106
(816) 221-8686

NWREL
Dr. Larry Fish
Northwest Regional
Educational Laboratory
400 Lindsay Building
710 Southwest Second Avenue
Portland, Oregon 97204
(503) 224-3650

RBS
Dr. James W. Becker
Research for Better Schools,
Inc.
1700 Market Street,
Suite 1700
Philadelphia, Pennsylvania
19103
(214) 561-4100

RELCV
Dr. Everett Hopkins
Regional Education Laboratory
for the Carolinas and
Virginia
Mutual Plaza
Durham, North Carolina 27701
(919) 688-8057

SEL
Dr. Kenneth W. Tidwell
Southeastern Education
Laboratory
Suite 221
3450 International Boulevard
Atlanta, Georgia 30354
(404) 766-0951

SWCEL
Dr. James Olivero
Southwestern Cooperative
Educational Laboratory
117 Richmond Drive, NE
Albuquerque, New Mexico 87106
(505) 265-9561

SWEDL
Dr. Edwin Hindsman
Southwest Educational
Development Laboratory
800 Brazos Street
Austin, Texas 78767
(512) 476-6861

SWRL
Dr. Richard Schutz
Southwest Regional Laboratory
11300 LaCienega Boulevard
Inglewood, California 90304
(213) 776-3800

UMREL
Dr. David Evans
Upper Midwest Regional
Educational Laboratory
1640 East 78th Street
Minneapolis, Minnesota 55423
(612) 861-4421

There was a child went forth every day,
And the first object he look'd upon,
   that object he became,
And that object became part of him
   for the day or a certain part of the day,
Or for many years or stretching cycles of years...

Walt Whitman

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